

YMCA of the North Shore  
Application for Funding  
Submitted to  
City of Gloucester  
Affordable Housing Trust Fund

71 Middle Street  
Senior Affordable Housing Project





Affordable Housing Trust Fund  
Community Development Department  
3 Pond Road  
Gloucester, MA 01930

1. Organization: YMCA of the North Shore
2. Project Title: 71 Middle Street  
Address: 245 Cabot Street  
City: Beverly Zip: 01915  
Telephone: (978) 564-3061 Fax: (978) 922-7602  
Federal Tax Identification #: 04-2104913  
Contact Person/Title: Christopher Lovasco, President and CEO  
Email: lovascoc@northshoreymca.org
3. Amount of Funding Requesting: \$250,000
4. Type of Activity: Creation of Affordable Housing (New Construction)
5. Attachments:
  - A. Program Description & Community Need / City Benefit
  - B. Project Floor Plans and Elevations
  - C. Project Team
  - D. Housing Opportunity Sites Map
  - E. Letter from Mayor Romeo Theken
  - F. Project Budget
  - G. Property Deed
  - H. Organizational / Financial Information

- 1. Organization:** YMCA of the North Shore
- 2. Program/Project Title:** 71 Middle Street (44 units of senior affordable housing)
- 3. Program/Project Description:**

- a. Narrative description of the program/project - Describe clearly the proposed program/project - what the program/project is about.

The project site is currently the home of the Cape Ann YMCA. The YMCA of the North Shore the ("Y") is constructing a new Cape Ann YMCA facility on School House Road/Gloucester Crossing Road in Gloucester. Once the new facility opens, the Y will move all of its operations there and the building at 71 Middle Street will be vacant. The Y intends to demolish this building and build 44 one-bedroom apartments for seniors at this site.

One hundred percent of the units will be affordable. Twenty-six units (approximately 60%) will be restricted to seniors with household incomes no greater than 60% of Area Median Income and 18 units (approximately 40%) will be restricted to those with income at or below 30% AMI. The YMCA will work with the Commonwealth to secure project-based operating subsidies for as many units in the development as possible which will allow more lower-income seniors to be able to live in the new facility.

The new construction building will have a partially underground parking level with three floors of residential above. The garage level also contains an outdoor space with seating and gardens for the residents. The architect has incorporated the Senior Design Guidelines from the Massachusetts Department of Housing and Community Development as well as items discussed with City staff during an initial meeting. The design and elevations of the proposed building are shown on the attached set of plans.

The project site is located in downtown Gloucester (one street north of Main Street) and is within walking distance of City Hall, numerous shops and restaurants. The Rose Baker Senior Center is an 8-minute walk or 0.4 miles from the project.

In addition to affordable housing, the project will offer a robust menu of supportive services to seniors. An on-site Resident Service Coordinator will connect the seniors to resources, help them in applying for benefits (Social Security, V.A., food stamps etc.) as well as plan social events for the residents. The Y will also offer memberships and transportation to its new facility where the seniors will be able to participate in health and wellness and community activities. The Y has also been talking with The Rose Baker Senior Center and SeniorCare, Inc. to provide additional services. SeniorCare, Inc., is a federally designated Area Agency on Aging (AAA) in Gloucester. It assists seniors with arranging Meals on Wheels, home care, money management, transportation to medical appointments, and linking seniors to volunteer opportunities in the community among other services. Our plan is to also connect with Element Care, a PACE (Program of All-inclusive Care for the Elderly) center in Gloucester for those seniors who want to live in the community but need enough assistance to qualify for nursing home care. The PACE center provides complete medical care, including medication administration, physical exams, and physical therapy along with dental, vision, and hearing care. Element Care also runs an

Adult Day Health Center that offers a day filled with social activities along with exercise and doctor consultations. Together, these three organizations will offer a tiered system of care to meet the needs of most, if not all, of the seniors who will reside at 71 Middle Street, with Element Care serving those that need the most care to remain living at home and the Rose Baker Senior Center for those who can most easily live independently but are looking for more social enrichment. Services from SeniorCare, Inc. would capture those that fall in the middle.

- b. **Need Statement - Describe the nature and extent of the needs that your proposed program/project is seeking to address. Please explain the source or basis of your information or estimates or attach the document that contains information or data about the need (e.g. focus groups; surveys; studies; cost estimates);**

According to Gloucester's Housing Production Plan, affordable housing is one of the biggest challenges facing residents of Gloucester, especially for those age 62 and older. More than half of those this age are housing cost burdened, meaning they spend more than 30% of their income on housing, and 33% are severely cost burdened spending more than 50% of their income on housing.

The Gloucester Housing Authority (GHA)'s recently released 5-Year Plan identifies a critical need for the production of more one-bedroom units for seniors. There are currently 289 local elderly (most with incomes under 30% of Area Median Income) on GHA's waitlist for one-bedroom apartments. The GHA has informed us that they have limited one-bedroom units and that, in some cases, there are seniors who are over-housed in two- and three-bedroom apartments now that their children have grown up and moved out. Creating more one-bedroom units will help meet the needs of those on the waitlist and will open up some housing for families needing GHA's larger units.

The tremendous need for affordable senior housing is not only demonstrated by GHA's extensive waitlist, but also the waitlist at Central Grammar Apartments at 10 Dale Street, which is one block from 71 Middle Street. Central Grammar Apartments has 78 units of housing for residents age 62 and older. Currently, there are 120 seniors on their waitlist, which has grown from 50 people in prior years.

Moreover, demand for senior housing will only continue to increase as seniors are projected to soon be the largest segment of Gloucester's population. According to Metropolitan Area Planning Council's population and housing demand projections in the Gloucester Housing Production Plan, by 2030, 58% of the City's households will be age 60 or older.

- c. **Program/Project Goals - Describe **briefly** your proposed goal(s) and target clientele relative to the need you identified in the Need Statement.**

Our goal is to provide affordable housing targeted to low and very-low income residents age 62 years and older. Our other goal is to pair this housing with strong supportive services for these seniors.



**d. Intended Beneficiaries:**

**Number of Gloucester residents:**

The project will serve at least 44 up to a maximum of 88 low- and very-low income persons age 62 and older with a 70% preference for Gloucester residents (the maximum allowed by regulation).

**Data on number of persons eligible for this program/project**

According to Gloucester's Housing Production Plan, there are approximately 1,783 households age 62 years and older that are both low-income and housing cost-burdened.

According to a market study performed for Harbor Village, the highest demand for units would be for one-bedroom units. While Harbor Village is not age restricted, the information drawn from this study is still helpful. Assuming the Harbor Village units are complete, the available units in all properties in the primary market area only equals 4.72% of population that is income-eligible for those units. This means that there is a great need and that many are cost burdened in their current housing arrangements right now. This is likely magnified for seniors with very fixed incomes. It also appears from compiling data that Gloucester has a higher proportion of seniors than in the surrounding primary market area. We have contracted for a full market study which will be completed towards the end of September.

**e. Program/Project Schedule**

August/September	Discussions with City staff Community Outreach
September	Receive Project Eligibility Letter from DHCD Submit Comprehensive Permit Application to Zoning Board of Appeals
October	Pre-Application for Funding submitted to DHCD
November/December	Comprehensive Permit Approved by ZBA
January 2021	Full Application for Funding submitted to DHCD
May 2021	DHCD Funding awards announced
February 2022	Construction Start (assuming a DHCD award at first round)
April 2023	Construction Complete
July 2023	Full Lease-Up

f. **Personnel who will be involved in the program**

Please see attached list of project team members.

g. **Specific accomplishments expected from the program.**

The project expects to accomplish providing affordable housing to at least 44 low-and very-low income seniors and provide them with connections to supportive services in the community to increase their quality of life and help them to remain living independently.

**4. Community Benefit**

Please explain how this program/project furthers the city's goals and priorities. Explain how this program/project serves the city and its low and moderate-income residents. Identify who will specifically benefit from this program/project: the targeted residents or neighborhood, the numbers of persons who will be served, and the service provided. Please provide data that will substantiate the priority.

This project will add 44 units to the City's affordable housing stock. These units can be counted on the Subsidized Housing Inventory and will contribute to Gloucester's goal of reaching 10% affordability.

The Gloucester Housing Authority's 5-Year Plan identifies the need for new housing opportunities for the elderly, 1-bedroom households, and households making less than 30%, 50% and 60% of AMI. This project will address the needs of very low- and low-income senior households. One hundred percent of the one-bedroom housing units will be restricted to seniors with household incomes no greater than 60% of Area Median Income, including at least 40% of the units will be restricted to those with very low income (at or below 30% AMI).

In addition, 71 Middle Street will accomplish the first two goals set forth in Gloucester's Housing Production Plan from 2017, which were to:

Goal 1: Create opportunities to develop a diverse and affordable housing stock to meet the needs of a changing demographic profile in the city.

Goal 2: Encourage affordable housing development.

Under Goal 1, the Housing Production Plan, called for providing housing cost-burdened seniors with more housing options. This strategy also recommended coordinating with the Council on Aging, the Gloucester Housing Authority, and local senior advocates to help low-income seniors obtain the services and housing they need. We have done just that and plan to pair the housing at 71 Middle Street with services for these seniors. Please see Project Description for more details on services to be provided.

In addition, the Gloucester Downtown Market Analysis, identified 9 specific Housing Opportunity Sites for future development. The YMCA at 71 Middle Street was number one on this list of sites. Please see attached map.

Not only will the project benefit low and very-low income residents, but it will also benefit the neighborhood. This site will become vacant at the end of this year. Both the YMCA and the City do not want to see a vacant building in the downtown area so activating this site again is critical. The design for the new building is in harmony with this historic area unlike the building that is currently on site. The proposed aesthetic of brick, cementitious panel siding and storefront windows compliments the typical first floor more commercial look of the neighborhood. The clapboard siding, double hung windows and mansard roof on the upper floors speaks to the residential aspect of the building. The primary visible corner has more detailed architectural elements in order to activate the corner and create a pleasing view at that intersection. In addition, the design allows for open space at the site that doesn't currently exist, a nice patio space for the residents at 71 Middle Street which in light of our current Covid world is critical to physical and mental health.

## **5. Program/Project Budget**

### **a. Please complete ATTACHMENT A PROGRAM/PROJECT BUDGET.**

Please see attached.

### **b. Provide information regarding other funding sources that the organization has attempted to secure funding from relative to the proposed program/project.**

We have applied for the City of Gloucester Community Preservation Act funding and intend to apply to the North Shore HOME consortium for funding. We will also be submitting an application to the Department of Housing and Community Development (DHCD) for soft funds and 9% Low Income Housing Tax Credits. We anticipate that the pre-application will be due to DHCD in October and a full application due in January 2021. DHCD requires a commitment of local funds.

Please also see an attached letter from the Mayor supporting our request of City of Gloucester funding of \$1,000,000. We anticipate that this may need to come in steps.

### **c. Please explain what other sources of funding will be used for this activity, as well as expected volunteer hours.**

The project will also have a mortgage of approximately \$3,226,500.

## **6. Management and Organizational Information - Please see attached.**

- a. Budget - Annual
- b. Articles of Incorporation (Office of Secretary of State)
- c. Annual Report (Form PC from the Mass Office of the Attorney General - Division of Public Charities)
- d. Copy of your Return of Organization Exempt From Income Tax (Form 990 for 501c3's)
- e. List of other funding sources for the year 2020 (Federal, State and Local).

71 Middle Street  
Photographs of Existing Building (Cape Ann YMCA)

Front





Side



Rear



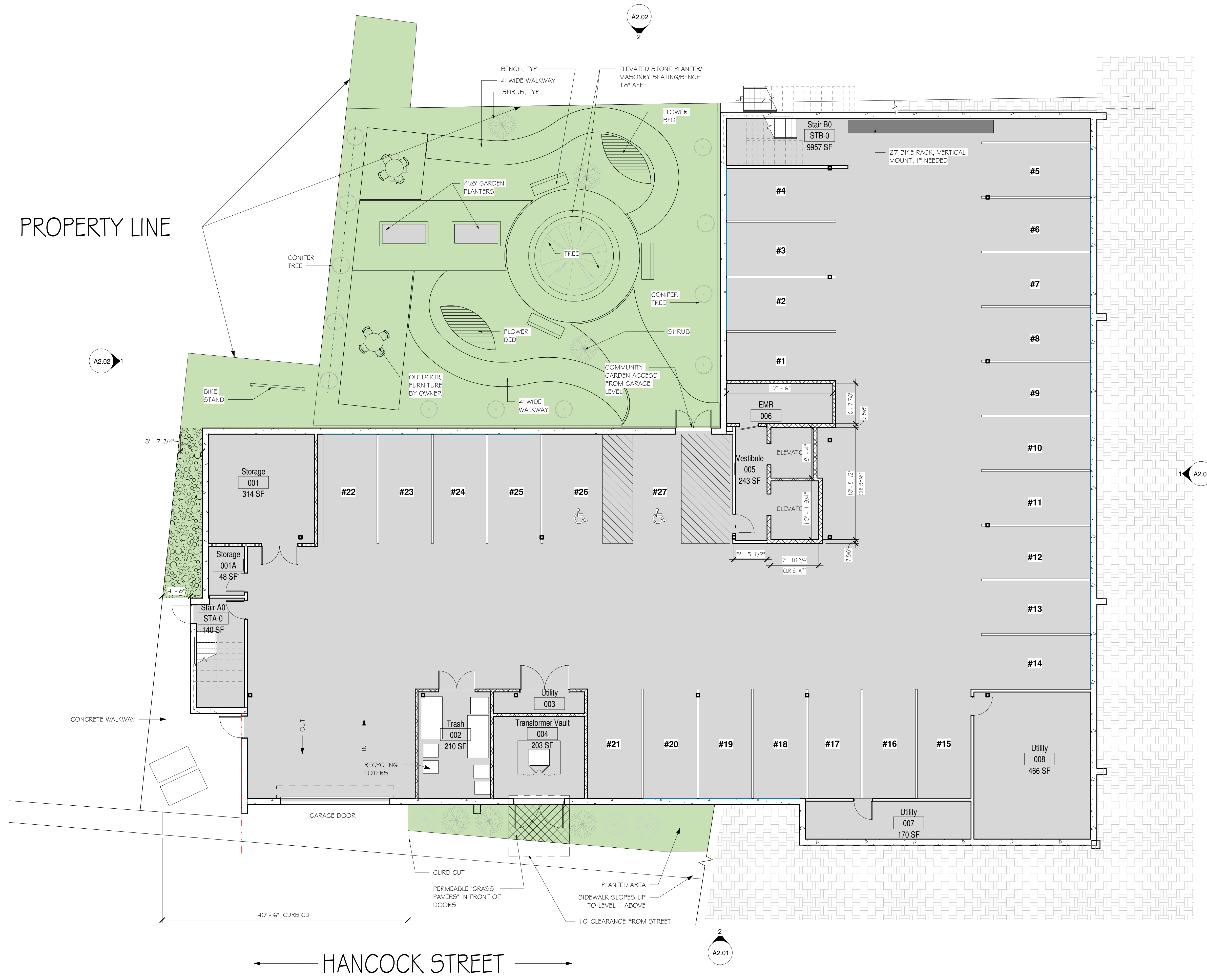
## B. PROJECT FLOOR PLANS AND ELEVATIONS

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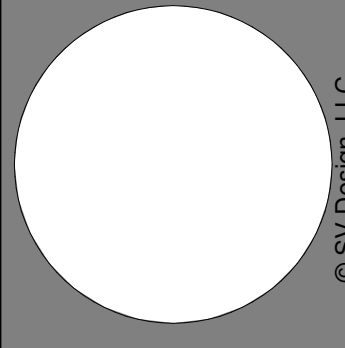


Proposed New Construction

**YMCA Cape Ann Housing**  
71 Middle Street Gloucester

SV DESIGN 128 Dodge Street Beverly, Massachusetts 01915 www.svdesign.com 1 978.927.3745

  
DESIGN

  
LEVEL 0 (GARAGE)

**A1.00**

LEVEL 0 (GARAGE)

Scale: 1/8" = 1'-0"  
Drawn By: Author  
Date: June 6, 2020

Checked By: Checker  
Project #: 116122.007

Revisions

Issue	Date	Description	Checked By
1			
2			
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Issued for Construction June 6, 2020

A2.02  
1

A2.02  
2

A2.01



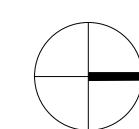
## Department Legend

- 1 BEDROOM
- ADA UNIT - A
- CIRCULATION
- COMMON SPACE
- CORRIDOR
- parking
- STUDIO
- SUPPORT

Level 1 (Middle St)  
1/8" = 1'-0"

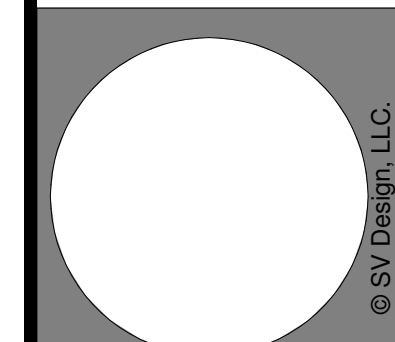
A2.01  
2

0 2 4 8 16



## Proposed New Construction YMCA Cape Ann Housing 71 Middle Street Gloucester

SV  
DESIGN



LEVEL 1 (MIDDLE STREET)

A1.01

LEVEL 1 (MIDDLE STREET)

Revisions  
Issue Date: Description  
Checked By:

Scale: 1/8" = 1'-0"  
Drawn By: Author  
Date: June 6, 2020  
Checked By: Checker  
Project #: 116122.007

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www.svdesign.com 1 978.927.3745



A2.02 1

A2.02 2



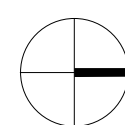
## Department Legend

- 1 BEDROOM
- ADA UNIT - A
- CIRCULATION
- COMMON SPACE
- CORRIDOR
- parking
- STUDIO
- SUPPORT

1 Level 2  
1/8" = 1'-0"

A2.01 2

0 2 4 8 16



Proposed New Construction

**YMCA Cape Ann Housing**  
71 Middle Street Gloucester

**SV DESIGN**  
128 Dodge Street  
Beverly, Massachusetts 01915  
www.svdesign.com  
1 978.927.3745

Revisions

Issue	Date	Description	Checked By

LEVEL 2 PLAN

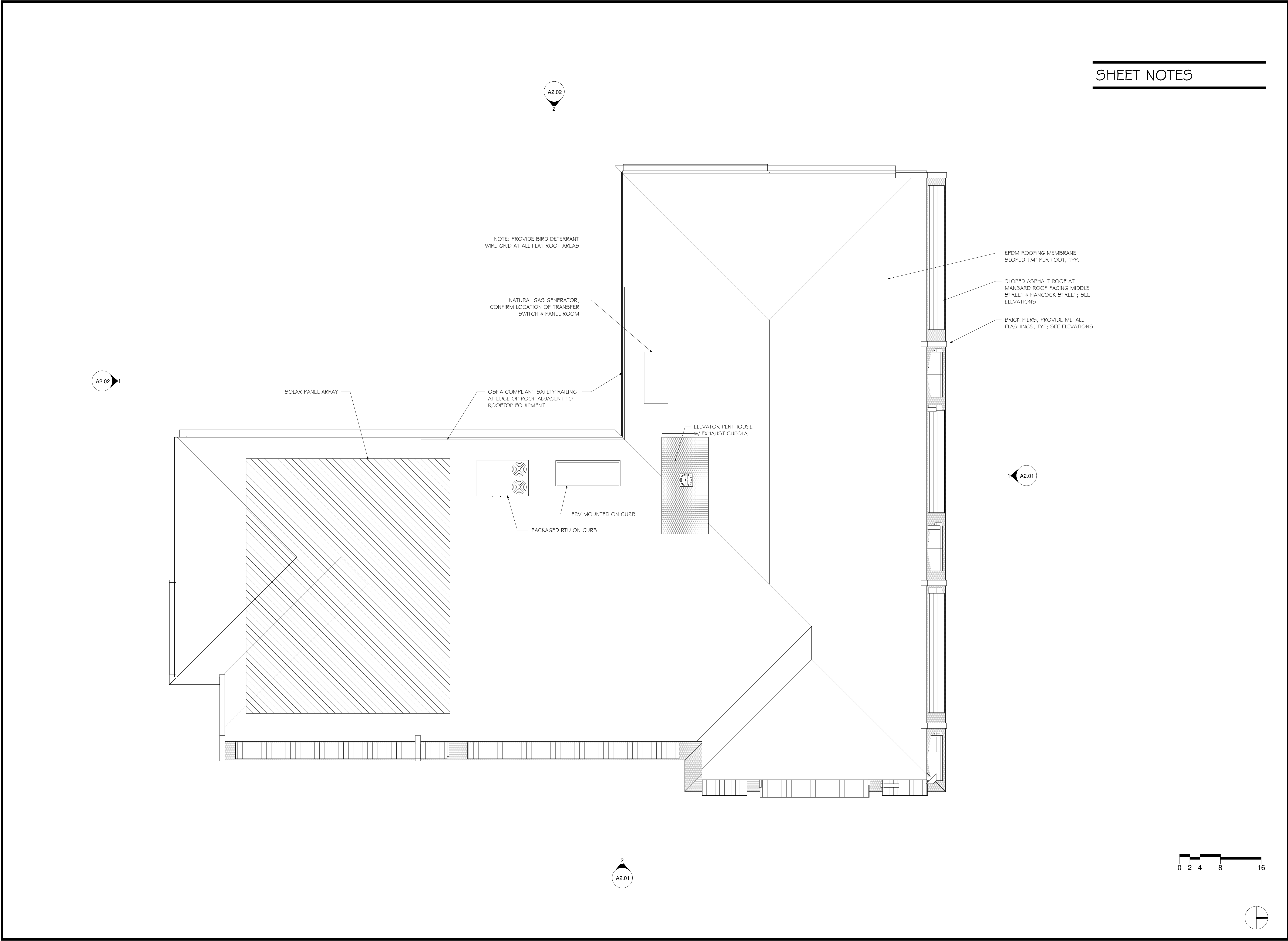
Scale: 1/8" = 1'-0"  
Drawn By: Author  
Date: June 6, 2020

Checked By: Checker  
Project #: 116122.007

LEVEL 2 PLAN

**A1.02**





Proposed New Construction

YMCA Cape Ann Housing

71 Middle Street Gloucester

SV DESIGN

128 Dodge Street

Beverly, Massachusetts 01915

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DESIGN

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ROOF PLAN

A1.04

Revisions

Issue	Date	Description	Checked By

Issued for Construction

June 6, 2020

Checked By

Scale: 1/8" = 1'-0"

Drawn By: Author

Date: June 6, 2020

Checked By: Checker

Project #: 116122.007





① Middle Street (North)  
1/8" = 1'-0"



② Hancock Street (East)  
1/8" = 1'-0"



③ Prominent Corner



④ Middle Street at Pattillo

SIDING TYPE LEGEND	
	HARDIEPLANK CEMENTITIOUS CLAPBOARD
	HARDIEPANEL CEMENTITIOUS PANEL
	FULL KILN-FIRED MASONRY BRICK
	PVC V-GROOVE PANEL SIDING
	SCORED CONCRETE FOUNDATION WALL
	STANDING SEAM METAL ROOFING
	ARCHITECTURAL ASPHALT SHINGLE ROOF

Revisions		Issue Date	Description	Checked By

BUILDING ELEVATIONS	
Scale: 1/8" = 1'-0"	Checked By: Checker
Drawn By: Author	Project #: 116122.007
Date: June 6, 2020	

Proposed New Construction	Beverly, Massachusetts 01915	www.svdesign.com	1 978.927.3745
SV DESIGN	126 Dodge Street		
YMCA Cape Ann Housing 71 Middle Street Gloucester			

BUILDING ELEVATIONS

A2.01





① South Elevation  
1/8" = 1'-0"



② West Elevation  
1/8" = 1'-0"

SIDING TYPE LEGEND	
	HARDIEPLANK CEMENTITIOUS CLAPBOARD
	HARDIEPANEL CEMENTITIOUS PANEL
	FULL KILN-FIRED MASONRY BRICK
	PVC V-GROOVE PANEL SIDING
	SCORED CONCRETE FOUNDATION WALL
	STANDING SEAM METAL ROOFING
	ARCHITECTURAL ASPHALT SHINGLE ROOF

Proposed New Construction  
**YMCA Cape Ann Housing**  
71 Middle Street Gloucester

SV DESIGN

128 Dodge Street  
Beverly, Massachusetts 01915

1 978.927.3745

www.svdesign.com

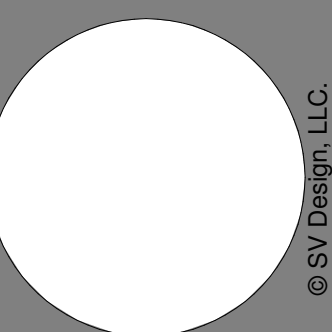
BUILDING ELEVATIONS

Revisions	Issue Date:	Description	Checked By
△			

Scale: 1/8" = 1'-0"  
Drawn By: Author  
Date: June 6, 2020

Checked By: Checker  
Project #: 116122.007

DESIGN



BUILDING ELEVATIONS

A2.02

### C. PROJECT TEAM

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71 Middle Street  
Project Team Members

YMCA of the North Shore

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[www.windover.com](http://www.windover.com)

#### D. HOUSING OPPORTUNITY SITES MAP

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## Housing Opportunity Sites Identified in the Gloucester Housing Production Plan

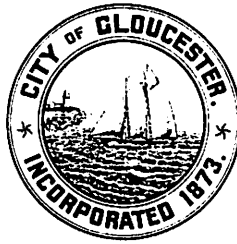


The old YMCA at 71 Middle St is #1 on the list of sites.

**E. LETTER OF SUPPORT FROM MAYOR ROMEO THEKEN**

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City Hall  
Nine Dale Avenue  
Gloucester, MA 01930



TEL 978-281-9700  
FAX 978-281-9738  
stheken@gloucester-ma.gov

**CITY OF GLOUCESTER  
OFFICE OF THE MAYOR**

March 16, 2018

Mr. Christopher Lovasco  
Chief Executive Officer  
YMCA of the North Shore  
245 Cabot Street  
Beverly, MA 01915

Dear Mr. Lovasco,

I write to you to express my strong support for the YMCA's proposed affordable housing project at 71 Middle Street in Gloucester and their efforts to secure funding.

The City recently concluded a housing production plan and it forecasts an aging population with little opportunity for a younger generation to start families here. We are a working city with a working waterfront and we must be able to provide affordable housing for our workforce. This is a priority for me and my administration and we are working hard on it every single day. I strongly support 60% AMI (and lower) housing to meet the needs of our community, especially for veterans and seniors, and I have spoken to the Governor and Lieutenant Governor as well as legislative leaders on this issue. When we learned of the plans to convert the old YMCA at 71 Middle Street into affordable housing, we understood the incredible benefits it offered and we are eager to support it.

The YMCA has been an active member of the Gloucester community for decades; through their facilities and their programs, they make a real difference in people's lives. They have been here for us, now it is our turn to be here for them. Accordingly, my administration will actively support the YMCA as they work to acquire the necessary funding for the project at 71 Middle Street. We will waive some of the building fees for construction of the building, we will support a rider for project funding in the housing bill before the legislature, we will support substantial funding for the project from the City's Community Preservation Committee and the City's Affordable Housing Trust Fund, and we will support project funding from home grants and housing development pipeline grants. We recognize that financial support from the host community is a critical component to a successful affordable housing project. While it is too early to commit to a specific figure, we pledge our best efforts to obtain at least one million dollars of such local support for the proposed YMCA/71 Middle Street project.

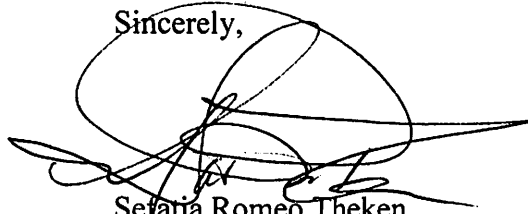
*Mr. Christopher Lovasco*

*March 16, 2018*

*Page 2*

This proposed project is important to the City of Gloucester and I look forward to its successful completion.

Sincerely,



Selatia Romeo Theken  
Mayor

cc: Mr. Peter Gourdeau, Windover Construction  
Mr. Jack Meany, YMCA of the North Shore

## F. PROJECT BUDGET

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**Preliminary 71 Middle Street New Construction Sources and Uses**

			TOTAL	
<u>SOURCES</u>		<u>STATUS</u>	<u>USES</u>	
Permanent Mortgage	\$3,226,492	Projected	Acquisition	
DHCD Soft			Land	250,000
HOME	\$715,000	To Apply Jan 2021	Building	250,000
AHTF	\$1,000,000	To Apply Jan 2021		
HSF	\$1,000,000	To Apply Jan 2021	Direct Construction	500,000
HIF	\$1,000,000	To Apply Jan 2021	Hard Costs	12,307,000
CATNHP	\$504,849	To Apply Jan 2021	Hard Cost Contingency	615,350
Gloucester AHTF	\$250,000			
Gloucester Funding	\$350,000	Applied for \$200,000 CPA		12,922,350
North Shore Consortium	\$100,000	Awaiting Funding Rnd Announcement	General Development Costs	
Fed LIHTC	7,245,351	To Apply Jan 2021		
State LIHTC	2,085,600	To Apply Jan 2021	Architecture and Engineering	646,119
<b>Total Permanent Sources</b>	<b>17,477,291</b>		Civil Engineer/Survey	88,000
			Geotechnical Engineer	52,000
Suplus/(Gap)	<b>0</b>		Owner's Rep/Clerk of the Works	78,000
DHCD Subsidy/Unit	95,906		Environmental Engineer	8,500
			FF&E	40,000
			Legal	160,000
			Title and Recording	30,000
			Accounting & Cost Cert.	45,000
			Marketing & Rent Up	65,000
			Real Estate Taxes	15,000
			Insurance	45,000
			Exploratory Work	5,000
			Appraisal	13,800
			Market Study	10,000
			Construction Loan Interest	375,000
			Predevelopment Loan Interest & Fees	52,500
			Inspecting Engineer	28,800
			Fee to: Bank Fee	54,548
			Application Fees	6,550
			LIHTC Fees	42,510
			Development/Financing Fees	569,250
			Other Consulting Fees: Commissioning	5,000
			Other Consulting Fees: Testing	20,000
			Other Non-Consulting Fees: Utility Backcharge:	75,000
			Soft Contingency	112,731
				2,643,308
			Cap Reserves, Fees & Overhead	
			Capitalized Reserves	310,598
			Developer Overhead	550,517
			Developer Fee	550,517
				1,411,633
			Sum	17,477,291
			TDC/unit	397,211

## G. PROPERTY DEED

---

2  
10  
PINO & SHEA  
46 Middle St.  
Gloucester, MA  
01930

07/24/97 02:23 Inst 250  
BK 14226 PG 176

PROPERTY ADDRESS: 71 Middle Street, Gloucester, MA 01930  
GRANTEE'S ADDRESS: Same

TRINITY CONGREGATIONAL CHURCH, a Massachusetts not-for-profit religious corporation located at 70 Middle Street, Gloucester, Essex County, Massachusetts, for nominal consideration paid, releases to the BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION, a Massachusetts not-for-profit corporation, having its principal offices at 245 Cabot Street, Beverly, Massachusetts, all its right, title and interest in and to a parcel of land located on Middle Street in said Gloucester, as more particularly described in a deed from George R. Bradford to The Young Men's Christian Association of Gloucester, Massachusetts, dated January 18, 1900, and recorded with the Essex South District Registry of Deeds in Book 1600, Page 112. See also Essex Probate Docket No. 97E0023-GC1.

Meaning and intending that title be vested in the Grantor in fee simple absolute.

WITNESS the hand and seal of Judy L. Bacon, of  
Trinity Congregational Church, this 17th day of July, 1997.  
Trinity Congregational Church

By  
Its

Judy L. Bacon  
Church

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

July 17, , 1997

Then personally appeared the above-named Judy L. Bacon  
and acknowledged the foregoing instrument to be the free act and  
deed of the Trinity Congregational Church, before me,

Joanne Perrault  
Notary Public Joanne Perrault  
My commission expires: 09-21-01

TRINITY CONGREGATIONAL CHURCH

Clerk's Certificate

The undersigned, being the duly elected and acting Clerk of Trinity Congregational Church (the "Church"), hereby certifies the following is a true copy of a vote duly adopted at a special congregational meeting of the Church held on June 29, 1997:

VOTED: That the Church release all its right, title and interest in the land at 71 Middle Street, Gloucester, MA, to the Beverly Regional Young Men's Christian Association; and that Judy L. Bacon, Clerk of the Church, is authorized and directed, as the act and in the name and behalf of said Church to sign, seal, acknowledge and deliver a deed to said premises and to take all other action and sign all other documents which she, in her sole discretion, deems necessary or desirable to effectuate the purposes of this vote.

I further certify that the vote has not been rescinded, altered or amended in any respect and that as of the date hereof is still in full force and effect.

WITNESS the hand and seal of the Trinity Congregational Church this 19th day of July, 1997.

Judy L. Bacon  
Judy L. Bacon, Clerk

## H. ORGANIZATIONAL / FINANCIAL INFORMATION

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	<b>2020</b>
<b>YMCA of the North Shore, Inc.</b>	<b>Budget</b>
Contributions	478,276
Annual Campaign	1,020,001
Special Events	1,392,246
Grants and Donor-Restricted Funds Expended	684,091
Investment Income	349,558
<b>Contributed Income</b>	<b>3,924,171</b>
Government Contracts - Childcare	5,036,521
Government Contracts - Camp	783,268
Government Contracts - Program	309,224
Childcare Fees	14,703,723
Membership	14,912,702
Program	3,530,887
Program - Teams	1,738,894
Camp	3,134,921
Residence	186,695
Rental, Usage Fees, and Other income	849,871
Financial Assistance	(2,546,661)
Miscellaneous Income	30,000
<b>Earned Income</b>	<b>42,670,044</b>
<b>Income</b>	<b>46,594,216</b>
Salaries & Wages	24,583,220
Employee Benefits	2,936,715
Payroll Taxes	1,950,397
Professional Services	2,926,674
Supplies	1,546,342
Grant-Funded Supplies	52,900
Telecommunications	296,348
Fundraising	636,344
Maintenance	1,095,939
Building Rentals	729,993
Insurance	738,236
Utilities	1,726,433
Equipment	1,018,260
Marketing	270,595
Transportation	458,739
Staff Development	301,206
Membership Dues	535,221
Other	241,441
<b>Operational Expenses</b>	<b>42,045,005</b>
Depreciation & Amortization	2,954,110
Debt Service	917,758
<b>Management Designated Expenses</b>	<b>3,871,868</b>
<b>Expenses</b>	<b>45,916,873</b>
<b>Total Net Surplus (Deficit) to Budget</b>	<b>676,693</b>

*Handwritten signature*

Examiner

FEDERAL IDENTIFICATION NO. 04-2105877

FEDERAL IDENTIFICATION NO. 04-2104692

FEDERAL IDENTIFICATION NO. 04-2104913

Fee: \$35.00

# The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

061  
021

## ARTICLES OF ~~CONSOLIDATION~~ / \*MERGER (General Laws, Chapter 180, Section 10) Domestic and Domestic Corporations

~~XXXXXXXXXX~~ / \*merger of

(M) BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN  
ASSOCIATION, MARBLEHEAD/SWAMPSCOTT  
YOUNG MEN'S CHRISTIAN ASSOCIATION,

and

(S) SALEM YOUNG MEN'S CHRISTIAN ASSOCIATION,

the constituent corporations, into

SALEM YOUNG MEN'S CHRISTIAN ASSOCIATION,

\*one of the constituent corporations / ~~XXXXXXXXXXXX~~

The undersigned officers of each of the constituent corporations certify under the penalties of perjury as follows:

1. The agreement of ~~XXXXXXXXXX~~ / \*merger was duly adopted in accordance and compliance with the requirements of General Laws, Chapter 180, Section 10.

2. That if any of the constituent corporations constitutes a public charity, then the resulting or surviving corporation shall be a public charity.

3. The resulting or surviving corporation shall furnish a copy of the agreement of ~~XXXXXXXXXX~~ / \*merger to any of its members or to any person who was a stockholder or member of any constituent corporation upon written request and without charge.

4. The effective date of the ~~XXXXXXXXXX~~ / \*merger determined pursuant to the agreement of ~~XXXXXXXXXX~~ / \*merger shall be the date approved and filed by the Secretary of the Commonwealth. If a later effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing:  
January 1, 1999

5. (For a merger)

(a) The following amendments to the Articles of Organization of the *surviving* corporation have been effected pursuant to the agreement of merger: The name of the corporation shall be changed to:  
YMCA of the North Shore, Inc.

C ☐  
P ☐  
M ☐  
R.A. ☐

(For a consolidation)

(b) The purpose of the *resulting* corporation is to engage in the following activities:

N/A

**\*\*(c)** The resulting corporation may have one or more classes of members. If it does, the designation of such class or classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, may be set forth in the bylaws of the corporation or may be set forth below:

N/A

**\*\*(d)** Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the resulting corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

N/A

6. The information contained in Item 6 is *not* a *permanent* part of the Articles of Organization of the \*resulting / \*surviving corporation.

(a) The street address of the ~~resulting~~ / \*surviving corporation in Massachusetts is: *(post office boxes are not acceptable)*

245 Cabot Street  
Boston, MA 02115



PETITION TO THE SECRETARY OF THE COMMONWEALTH  
PURSUANT TO GENERAL LAWS, CHAPTER 180  
SECTION 7A FOR APPROVAL OF ARTICLES OF MERGER

1. The Beverly Regional Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association (the "Petitioners"), being corporations organized under the provisions of the predecessor of Chapter 180 of the Massachusetts General Laws ("Chapter 180"), desire to merge into the Salem Young Men's Christian Association. The Beverly Regional Young Men's Christian Association, the Marblehead/Swampscott Young Men's Christian Association, and the Salem Young Men's Christian Association are the "Constituent Corporations", pursuant to an Agreement of Merger by and among the Constituent Corporations dated December 22, 1998 ("Agreement of Merger").

2. The Petitioners are unable to comply with Section 10 of Chapter 180 requiring that said merger be approved by a vote of two-thirds of its members. The reasons for the Petitioners' inability to comply with that provision of said Section 10, together with a summary of the history of the organization of the Constituent Corporations are set forth below.

3. The Beverly Young Men's Christian Association was organized in 1896. The Marblehead/Swampscott Young Men's Christian Association was organized in 1888. The Salem Young Men's Christian Association was organized in 1858. Each of the Constituent Corporations was organized under the appropriate predecessor chapters to Chapter 180 and are presently subject to the provisions of Chapter 180.

4. None of the Constituent Corporations have ever issued capital stock and all have operated throughout their existence as membership organizations. Each of the Constituent Corporations has successfully qualified as a non-profit organization under Section 501(c)(3) of the Internal Revenue Code, as amended.

5. Based on the most current lists available the membership of each of the Constituent Corporations is as follows:

a. Beverly Regional YMCA	9,109
b. Marblehead/Swampscott YMCA	1,040
c. Salem YMCA	1,757

Copies of the respective membership lists are attached hereto.

6. The process leading up to the proposed merger by and among the Constituent Corporations has been ongoing for a period of approximately two years. Each of the Constituent Corporations was represented on a transition team throughout this process and the activities of the transition team were discussed at the individual

local newspapers serving the various communities. As an example, copies of the following are attached:

- a. Article which appeared in the Salem Evening News on July 23, 1998.
- b. Article which appeared in the Swampscott Reporter on August 6, 1998;
- c. Article which appeared in the Daily Evening Item on August 4, 1998;
- d. Article which appeared in the Salem Evening News on October 16, 1998; and
- e. Article which appeared in the Boston Sunday Globe on October 18, 1998.

7. The work of the transition team culminated in a recommendation for the merger which was presented at individual meetings of the Constituent Corporations held on October 8, 1998. Attached hereto are the votes taken at each of those meetings. Because of the complete and open process which led up to these meetings, there was minimal discussion and there was no opposition at any of the meetings and the votes that are attached were passed unanimously by those in attendance. The attendance was as follows:

- |                               |    |
|-------------------------------|----|
| a. Beverly YMCA               | 65 |
| b. Marblehead/Swampscott YMCA | 35 |
| c. Salem YMCA                 | 49 |

8. Notice of the special meeting of each of the Constituent Corporations was duly called in accordance with the by-laws of each of the Constituent Corporation and posted in the usual and customary manner. Copies of said notices are attached hereto. At the special meeting it was voted that the By-Laws of each Constituent Corporation be amended so as to permit twenty-five (25) of its members to act on all business which may come before the meeting. In addition, those members of each of the Constituent Corporations most involved in the discussion of this merger, including the professional staff, encouraged members of the Constituent Corporations to attend this meeting.


9. The Agreement of Merger, ~~a copy of which is attached hereto~~, provides that on the Effective Date (defined as the date on which the Secretary of State of the Commonwealth of Massachusetts accepts the attached Articles of Merger for filing or January 1, 1999), the Constituent Corporations will be merged into the Salem Young Men's Christian Association which name shall then be changed to the YMCA of the North Shore, Inc. (the "Surviving Corporation").


10. The initial directors and officers of the Surviving Corporation have been nominated and elected by each of the Constituent Corporations. A list of the officers and directors of the Surviving Corporation is attached hereto.

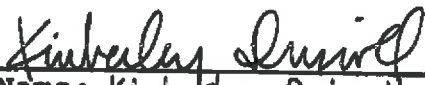
11. After diligent efforts, each of the Constituent Corporations has concluded that it is not possible to obtain a quorum of its members and therefore cannot comply with the provisions of Section 10 of Chapter 180 with respect to approving the Agreement of Merger herein described. Notwithstanding its inability to obtain a quorum, it should be noted that all of the members who attended the duly called meeting voted in favor of the proposal to approve the Agreement of Merger.

12. The Petitioner hereby respectfully requests that the Secretary of State of the Commonwealth of Massachusetts endorse his approval hereon and order that the Articles of Merger attached hereto be approved for filing and otherwise dealt with in accordance with Section 10 of Chapter 180.

30 WITNESS the execution hereof under penalties of perjury this day of December, 1998.

  
Name: Katherine Farricker  
Title: President  
Beverly Regional Young Men's  
Christian Association

  
Name: William Adams  
Title: President  
Marblehead/Swampscott Young  
Men's Christian Association


  
Name: Kimberly Driscoll  
Title: President  
Salem Young Men's Christian  
Association


**CERTIFICATE OF VOTE**

**BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION**

The undersigned hereby certify that at a Special Meeting of the Beverly Regional Young Men's Christian Association held on Thursday, October 8, 1998, at 7:00 P.M. at 245 Cabot Street, Beverly, Massachusetts, upon motions duly made and seconded, the following actions were voted:

- VOTED:** That the constitution and by-laws of the Association are hereby amended so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.
- VOTED:** That the constitution and by-laws of the Association are hereby amended so as to authorize and empower the Board of Directors by a majority vote to have complete merger authority of the Association.
- VOTED:** That the Board of Directors is specifically authorized to complete the merger of the Association with the Salem Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association, which merger is to be effective January 1, 1999.
- VOTED:** That the officers of the Association be and are hereby authorized to do all acts, including the execution of documents, deemed necessary and appropriate to carry the plan of merger into effect.

  
\_\_\_\_\_  
**Name:**  
**Title: Secretary**

**ATTEST:**  
  
\_\_\_\_\_  
**Name:**  
**Title: President**



## **Marblehead/Swampscott YMCA**

*Building Strong Kids, Strong Families, Strong Communities*

### **OFFICERS**

William P. Adams M.D.

*President*

Russell Cushman

*1st Vice President*

Deborah Nutt

*2nd Vice President*

Karla M. Pingeton

*Recording Secretary*

Rosemary L. Blank

*Treasurer*

John B. Palmer

*Assistant Treasurer*

Karl G. Spitzer, Esq.

*Counselor*

J. Darrell Gallant

*General Director*

### **DIRECTORS**

Stephanie Andrews

Cynthia Angelopoulos

Cynthia H. Belhumeur

Patricia Buckley

Thomas H. Driscoll, Jr., Esq.

Dieter Empacher

Sheila Fitzgerald

John H. Fletcher

Robert H. Frey

Paul D. Guertin

C. Cutter Herlihy

James A. Hunt

Ellen M. Mckinnon

Roberta Oakley

Philip T. Pelletier

David C. Quade

Richard Robb

Maura Costin Scalise

Judith O. Trufant, Esq.

Thadeous G. Weaver, Jr.

### **HONORARY DIRECTOR**

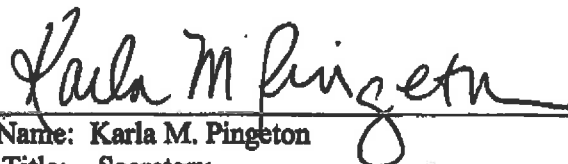
Chester M. Sawtelle

### **CERTIFICATE OF VOTE**

#### **MARBLEHEAD/SWAMPSCOTT YOUNG MEN'S CHRISTIAN ASSOCIATION**

The undersigned hereby certify that at a Special Meeting of the Marblehead/Swampscott Young Men's Christian Association held on Thursday, October 8, 1998, at 7:00 P.M. at 94 Pleasant Street, Marblehead, Massachusetts, upon motions duly made and seconded, the following actions were voted:

- VOTED:** That the constitution and by-laws of the Association are hereby amended so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.
- VOTED:** That the constitution and by-laws of the Association are hereby amended so as to authorize and empower the Board of Directors by a majority vote to have complete merger authority of the Association.
- VOTED:** That the Board of Directors is specifically authorized to complete the merger of the Association with the Salem Young Men's Christian Association and the Beverly Regional Young Men's Christian Association, which merger is to be effective January 1, 1999.
- VOTED:** That the officers of the Association be and are hereby authorized to do all acts, including the execution of documents, deemed necessary and appropriate to carry the plan of merger into effect.

  
Name: Karla M. Pingeton  
Title: Secretary

ATTEST:





**UNITED WAY**

## **Certificate of Vote**

### **Salem Young Men's Christian Association**

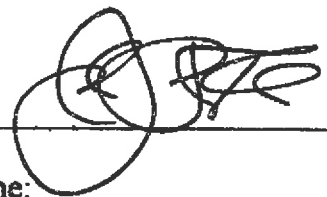
The undersigned hereby certify that at a Special Meeting of the Salem Young Men's Christian Association held on Thursday, October 8, 1998, at 7:00 pm at One Sewall Street, Salem, Massachusetts, upon motions duly made and seconded, the following actions were voted:

**VOTED:** That the constitution and by-laws of the Association are hereby amended so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.

**VOTED:** That the constitution and by-laws of the Association are hereby amended so as to authorize and empower the Board of Directors by a majority vote to have complete merger authority of the Association.

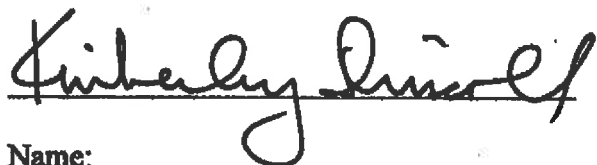
**VOTED:** That the Board of Directors is specifically authorized to complete the merger of the Association with the Beverly Regional Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association, which merger is to be effective January 1, 1999.

**VOTED:** That the officers of the Association be and are hereby authorized to do, all acts, including the execution of documents, deemed necessary and appropriate to carry the plan of merger into effect.

  
\_\_\_\_\_  
Name:

Title: Secretary

**ATTEST:**

  
\_\_\_\_\_  
Name:

Title: President

SALEM REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION

Notice of Special Meeting

Pursuant to the constitution and by-laws of the Association this notice is being posted for purposes of notification that a special meeting of the Association will be held on Thursday, October 8, 1998, at 7:00 P.M. at 288 Essex Street, Salem, Massachusetts.

The purpose of this meeting shall be to vote on the following proposed actions:

1. To amend the constitution and by-laws of the Association so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.

2. To amend the constitution and by-laws of the Association so as to enable to Board of Directors by a majority vote to have complete merger authority of the Association.

3. To authorize the merger of the Association with the Beverly Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association.

4. That the officers of the Association be and they hereby are authorized to do all things necessary or appropriate to carry the plan of merger into effect.

SALEM REGIONAL YOUNG MEN'S  
CHRISTIAN ASSOCIATION

BY: \_\_\_\_\_

Name:

Title: President

**MARBLEHEAD/SWAMPSCOTT REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION**

**Notice of Special Meeting**

Pursuant to the constitution and by-laws of the Association this notice is being posted for purposes of notification that a special meeting of the Association will be held on Thursday, October 8, 1998, at 7:00 P.M. at 104 Pleasant Street, Marblehead, Massachusetts.

The purpose of this meeting shall be to vote on the following proposed actions:

1. To amend the constitution and by-laws of the Association so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.

2. To amend the constitution and by-laws of the Association so as to enable to Board of Directors by a majority vote to have complete merger authority of the Association.

3. To authorize the merger of the Association with the Beverly Young Men's Christian Association and the Salem Young Men's Christian Association.

4. That the officers of the Association be and they hereby are authorized to do all things necessary or appropriate to carry the plan of merger into effect.

**MARBLEHEAD/SWAMPSCOTT REGIONAL YOUNG  
MEN'S CHRISTIAN ASSOCIATION**

BY: \_\_\_\_\_

Name:

Title: President



**BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION**

**Notice of Special Meeting**

Pursuant to the constitution and by-laws of the Association this notice is being posted for purposes of notification that a special meeting of the Association will be held on Thursday, October 8, 1998, at 7:00 P.M. at 245 Cabot Street, Beverly, Massachusetts.

The purpose of this meeting shall be to vote on the following proposed actions:

1. To amend the constitution and by-laws of the Association so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.
2. To amend the constitution and by-laws of the Association so as to enable to Board of Directors by a majority vote to have complete merger authority of the Association.
3. To authorize the merger of the Association with the Salem Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association.
4. That the officers of the Association be and they hereby are authorized to do all things necessary or appropriate to carry the plan of merger into effect.

**BEVERLY REGIONAL YOUNG MEN'S  
CHRISTIAN ASSOCIATION**

BY: \_\_\_\_\_  
Name:  
Title: President

NSY CORPORATE BOARD

Mr. Thomas Alexander  
Alexander, Femino &  
Lauranzano  
1 School Street  
Beverly, MA 01915

Mr. Stephen Archer  
2 Dickinson Way  
Beverly, MA 01915

Mr. Theodore Bidwell  
7 Loading Place Rd.  
Manchester, MA 01944

Ms. Paula Shorts  
74 Cherry Street  
Wenham, MA 01984

Ms. Susie Glessner  
267 Argilla Road  
Ipswich, MA 01938

Ms. Linda Harvey  
45 School Street  
Manchester, MA 01944

Mr. David Lawson  
Beverly National Bank  
240 Cabot Street  
Beverly, MA 01915

Ms. Mimi Pruett  
69 West Street  
Beverly Farms, MA 01915

Mr. Joseph Lumino  
Connolly Brothers  
152 Conant Street  
Beverly, MA 01915

Mr. George Lieser  
39 Marmion Way  
Rockport, MA 01966

Bill Howard, President  
Beverly Cooperative Bank  
254 Cabot Street  
Beverly, MA 01915

Mr. James A. Hunt  
56 Village Street  
Marblehead, MA 01945

Mr. Karl Spitzer  
Attorney at Law  
199 Rosewood Dr, Suite 350  
Danvers, MA 01923

Mr. C. Cutter Herlihy  
6 William Road  
Marblehead, MA 01945

Mr. Phil Pelletier  
11 Brown Road  
Swampscott, MA 01907

Mr. John H. Fletcher  
34 Pearl Street  
Marblehead, MA 01945

Ms. Judith O. Trufant  
37 Winshaw Road  
Swampscott, MA 01907

Dr. John Fisher  
18 Hawthorne Boulevard  
Salem, MA 01970

Mr. Leonard Owens  
25 Beach Bluff Avenue  
Swampscott, MA 01907

Ms. Betsy Merry  
Hunneman Coldwell  
7 1/2 Church St.  
Salem, MA 01970

Joseph Gibbons, President  
Salem Five Bank  
210 Essex Street  
Salem, MA 01970

Ms. Kim Driscoll  
12 Charles Street  
Salem, MA 01970

Peter Copelas, President  
Heritage Cooperative Bk  
71 Washington Street  
Salem, MA 01970

Mr. Sumner Jones  
Eastern Bank  
217 Essex Street  
Salem, MA 01970

Mr. Dudley Miller  
802 Hale Street  
Beverly Farms, MA  
01915

Ms. Kate Farricker  
135 Bridge St.  
Manchester, MA 01940

Ms. Suzanne O'Brien  
24 Grove Street  
Essex, MA 01929

**MSY CORPORATE BOARD (CONT)**

Mr. David McKechnie  
Way State Financial Services  
16 Middle Street  
Gloucester, MA 01930

Mr. Allyson Preston  
10 Beacon Street  
Marblehead, MA 01945

Mr. Bill Wasserman  
193 Argilla Road  
Ipswich, MA 01938

Ms. Kelly Raskauskas  
12 Allen Road  
Swampscott, MA 01907

Ms. Natalie Bloom  
191 Ocean Avenue  
Marblehead, MA 01945

Mr. Jack Good  
Beverly Hospital  
85 Herrick Street  
Beverly, MA 01915

Ms. Marie Oedel  
6 Curtis Street  
Salem, MA 01970

Mr. Ron Dechene  
Auburn International Inc.  
Danvers Industrial Park  
1 Electronics Avenue  
Danvers, MA 01923

Mr. Richard Robb  
56 Pilgrim Road  
Marblehead, MA 01945

Federal Identification  
No. 04-2793409

FEDERAL IDENTIFICATION  
NO. 04-2105878

FEDERAL IDENTIFICATION  
NO. 04-2104913 CS  
Fee: \$35.00

df  
Examiner

# The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

## ARTICLES OF ~~\*CONSOLIDATION~~ / \*MERGER (General Laws, Chapter 180, Section 10) Domestic and Domestic Corporations

~~\*CONSOLIDATION~~ / \*merger of

YMCA of the North Shore, Inc.,

Northeast Family YMCA, Inc., 042105878

\_\_\_\_\_ and  
The Trustees of the Haverhill  
Young Men's Christian Association 042793409

the constituent corporations, into  
YMCA of the North Shore, Inc. 042104913

\*one of the constituent corporations / ~~\*new corporation~~

The undersigned officers of each of the constituent corporations certify under the penalties of perjury as follows:

1. The agreement of ~~\*consolidation~~ / \*merger was duly adopted in accordance and compliance with the requirements of General Laws, Chapter 180, Section 10.
2. That if any of the constituent corporations constitutes a public charity, then the resulting or surviving corporation shall be a public charity.
3. The resulting or surviving corporation shall furnish a copy of the agreement of ~~\*consolidation~~ / \*merger to any of its members or to any person who was a stockholder or member of any constituent corporation upon written request and without charge.
4. The effective date of the ~~\*consolidation~~ / \*merger determined pursuant to the agreement of ~~\*consolidation~~ / \*merger shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing: January 1, 2006

C ☐  
P ☐  
M ☐  
R.A. ☐

### 5. (For a merger)

(a) The following amendments to the Articles of Organization of the *surviving* corporation have been effected pursuant to the agreement of merger: None

9  
P.C.

\*Delete the inapplicable word.

(For a consolidation)

(b) The purpose of the *resulting* corporation is to engage in the following activities:

N/A

**\*(c)** The resulting corporation may have one or more classes of members. If it does, the designation of such class or classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, may be set forth in the bylaws of the corporation or may be set forth below:

N/A

**\*\* (d)** Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the resulting corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

N/A

6. The information contained in Item 6 is *not* a *permanent* part of the Articles of Organization of the ~~\*resulting~~ / \*surviving corporation.

(a) The street address of the ~~\*resulting~~ / \*surviving corporation in Massachusetts is: *(post office boxes are not acceptable)*

245 Cabot Street  
Beverly, MA 01915

*\*Delete the inapplicable word.*

*\*\*If there are no provisions state "None".*

(b) The name, residential address and post office address of each director and officer of the ~~resulting~~ surviving corporation is:


NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President: Dudley W. Miller	100 Country Club Way Ipswich, MA 01938	100 Country Club Way Ipswich, MA 01938
Treasurer: Joseph Gibbons	210 Essex St. Salem, MA 01970	210 Essex St. Salem, MA 01970
Clerk: Linda Harvey	45 School St. Manchester, MA 01944	45 School St. Manchester, MA 01944
Directors: SEE ATTACHED		

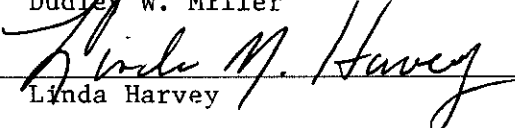
(c) The fiscal year (i.e. tax year) of the ~~resulting~~ surviving corporation shall end on the last day of the month of:  
December

(d) The name and business address of the resident agent, if any, of the ~~resulting~~ surviving corporation is:  
Jack Meany, 245 Cabot St., Beverly, MA 01915

The undersigned officers of the several constituent corporations listed herein further state under the penalties of perjury as to their respective corporations that the agreement of ~~consolidation~~ / merger has been duly executed on behalf of such corporations and duly approved by the ~~members/stockholders~~ directors of such corporations in the manner required by General Laws, Chapter 180, Section 10.


TO BE EXECUTED ON BEHALF OF EACH CONSTITUENT CORPORATION

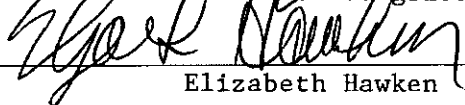
  
\_\_\_\_\_, \*President / ~~Vice President~~  
Dudley W. Miller

  
\_\_\_\_\_, \*Clerk / ~~Assistant Clerk~~  
Linda Harvey

of YMCA of the North Shore, Inc.

(Name of constituent corporation)

  
\_\_\_\_\_, \*President / ~~Vice President~~  
David A. Youngblood

  
\_\_\_\_\_, \*Clerk / ~~Assistant Clerk~~  
Elizabeth Hawken

of Northeast Family YMCA, Inc.

(Name of constituent corporation)

\*Delete the inapplicable words.

~~(b) The name, residential address and post office address of each director and officer of the \*resulting / \*surviving corporation is:~~

	NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President:			
Treasurer:			
Clerk:			
Directors:			

(c) The fiscal year (i.e. tax year) of the \*resulting / \*surviving corporation shall end on the last day of the month of \_\_\_\_\_

~~(d) The name and business address of the resident agent, if any, of the \*resulting / \*surviving corporation is:~~

The undersigned officers of the several constituent corporations listed herein further state under the penalties of perjury as to their respective corporations that the agreement of ~~consolidation~~ \*merger has been duly executed on behalf of such corporations and duly approved by the ~~members / stockholders~~ / directors of such corporations in the manner required by General Laws, Chapter 180, Section 10.

**TO BE EXECUTED ON BEHALF OF EACH CONSTITUENT CORPORATION**

Thomas R. Faulkner \_\_\_\_\_, \*President / ~~Vice President~~  
Thomas R. Faulkner

Gregg Thompson \_\_\_\_\_, \*Clerk / ~~Assistant Clerk~~  
Gregg Thompson

of The Trustees of the Haverhill Young Men's Christian Association  
(Name of constituent corporation)

\_\_\_\_\_, \*President / \*Vice President

\_\_\_\_\_, \*Clerk / \*Assistant Clerk

of \_\_\_\_\_  
(Name of constituent corporation)

\*Delete the inapplicable words.

CEO John J. Meany 16 Summit Ave  
Rockport, MA 01966

CFO Diane Linchan 19 County Street  
Ipswich, MA 01938

Corporate Board ~~Members~~ *Directors*

Tom Alexander 11 Evergreen Drive  
Beverly, MA 01915

Todd Baker 119 School Street  
Manchester, MA 01944

Anita Barbato 119 County Road  
Ipswich, MA 01938

Donald Bowen 45 Skytop Road  
Ipswich, MA 01938

Paul Coz 27 Middlebury Lane  
Beverly, MA 01915

Albert Dapolito 5 Mill Lane  
Rockport, MA 01966

Thomas Davis 15 Haven Ave  
Rockport, MA 01966

Steven Filosa 6 Sawyer Street  
Ipswich, MA 01938



---

John Fletcher	34 Pearl Street Marblehead, MA 01945
Donat Fournier	59 Cross Lane Beverly, MA 01915
Marion Frost	95 High Street Ipswich, MA 01938
Joseph Gibbons	210 Essex Street Salem, MA 01970
John L. Good, III	85 Martin Street Essex, MA 01929
David Harrison	12 Links Road Gloucester, MA 01930
Linda Harvey	45 School Street Manchester, MA 01944
Brian Hines	20 Jersey Ave Manchester, MA 01944
William Howard	2 Sylvester Ave Beverly, MA 01915
William Leaver	55 Bayview Ave Salem, MA 01970
George Lieser	31 Marmion Way Rockport, MA 01966

Joseph Lumino	11 Birchwood Ave West Peabody, MA 01960
David McKechnie	1 Page Street Gloucester, MA 01930
Deborah McKenna	188 Cherry Street Wenham, MA 01984
Dudley Miller	100 Country Club Way Ipswich, MA 01938
Gary Needham	10 Greenbrier Road Manchester, MA 01944
Mimi Pruett	69 West Street Beverly Farms, MA 01915
David Quade	22 Whittier Road Marblehead, MA 01945
Richard Robb	56 Pilgrim Road Marblehead, MA 01945
Molly Ryan	686 Hale Street Beverly, MA 01915
Daniel Schibisz	5 Newbury Road Ipswich, MA 01938
Carolyn Stewart	20 Leonard Street #1 Gloucester, MA 01930

Paul Sullivan

11 Hickory Hill Road  
Manchester, MA 01944

Judith Trufant

37 Winshaw Road  
Swampscott, MA 01907

William Wasserman

197 Argilla Road  
Ipswich, MA 01938

Gregory Woo

13 Sylvan Street  
Danvers, MA 01923

964362

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ~~CONSOLIDATION~~ / \*MERGER  
(General Laws, Chapter 180, Section 10)  
Domestic and Domestic Corporations

I hereby approve the within Articles of \*Consolidation / \*Merger and,  
the filing fee in the amount of \$ 35, having been paid,  
said articles are deemed to have been filed with me this 30  
day of December, 20 05.

Effective date: 1/1/2006



WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*

TO BE FILLED IN BY CORPORATION  
Contact information:

Jacob S. Segal, Esq.  
Ronan, Segal & Harrington  
59 Federal St.  
Salem, MA 01970

Telephone: 978-744-0350

Email: jss@ronansegal.com

A copy this filing will be available on-line at [www.state.ma.us/sec/cor](http://www.state.ma.us/sec/cor)  
once the document is filed.

RECEIVED  
SECRETARY OF STATE  
JAN 11 2006

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108**

Office Use Only: Fiscal Year

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

**Form PC**

Report for the Fiscal Period: 01/01/18 to 12/31/18

Attorney General's Account #: 009901

Federal ID #: 04-2104913

Electronic Payment Confirmation #: \_\_\_\_\_

When did the organization first engage in  
charitable work in Massachusetts?

01/01/1958

Has the organization applied for or been granted  
IRS tax exempt status?

☒ Yes ☐ No

If yes, date of application OR date of determination letter:

08/01/1942

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization  
tax deductible as charitable contributions?

☒ Yes ☐ No

**Check all items attached  
(if applicable)**

- ☒ Filing Fee or Printout of  
Electronic Payment  
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial  
Statements/Review
- ☐ Amended Articles/  
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☒ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

**Organization Data**

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Mailing Address: 245 CABOT STREET

City: BEVERLY

State: MA

ZIP: 01915

Phone Number: (978) 922-0990

Fax Number: (978) 922-7602

Email: MCCARTHYK@NORTHSHOREYMCA.ORG

Website: WWW.NORTHSHOREYMCA.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.  
Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	5	Organization Purpose Code 1	5
Type of Organization (Table 2)	16	Organization Purpose Code 2	30

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.**

04-2104913

*All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.*

1. On what date was the organization created? 01/01/1858

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☒ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	9,602,017.
B.	Gross support and revenue	47,799,344.
C.	Program services and similar amounts paid out	42,406,062.
D.	Fundraising expenses	1,230,377.
E.	Management and general expenses	1,018,774.
F.	Payments to affiliates	0.
G.	Total expenses	44,655,213.
H.	Net assets or fund balances at the end of the year	70,423,632.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	CHRISTOPHER LOVASCO CEO	40.00	315,841.	15,809.	25,937.
2.	SCOTT HITCHCOCK COO	40.00	195,586.	5,500.	16,014.
3.	KEVIN MCCARTHY CFO	40.00	192,642.	15,809.	15,976.
4.	SUSANNAH ROBINSON CHIEF TALENT OFFICER	40.00	172,289.	15,809.	13,068.
5.	MARJORIE CREGG CHIEF ADVANCEMENT OFFICER	40.00	170,830.	0.	3,384.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.**

**04-2104913**

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BRENNER FACILITY SERVICES LLC	919,331.	FACILITY CLEANING
2.	WJJ PLANNING & CONSTRUCTION	258,810.	CONSTRUCTION
3.	JOHN J. MEANY	132,604.	CONSULTING
4.	CALENDAR PRESS	124,365.	PRINTING
5.	MAHI MAHI CRUISES & CHARTERS	88,623.	BOAT TRANSPORTATION

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: KEVIN MCCARTHY, CFO

Street Address: 245 CABOT STREET

City: BEVERLY State: MA ZIP Code: 01915

Phone Number: (978) 922-0990

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.

04-2104913

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes ☐ No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

**STATEMENT 2**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 3**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 4**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

☒ Yes ☐ No

**STATEMENT 5**

*If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*



FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT 1
NAME AND ADDRESS	PHONE NUMBER	
TD BANKNORTH P.O. BOX 1377 LEWISTON, ME 04243	800-747-7000	
BEVERLY BANK 254 CABOT STREET BEVERLY, MA 01915	978-922-0857	
HAVERHILL BANK 180 MERRIMACK STREET HAVERHILL, MA 01830	978-374-0161	
PEOPLE'S UNITED BANK 240 CABOT STREET BEVERLY, MA 01915	978-720-1200	
BANK OF AMERICA 100 FEDERAL STREET BOSTON, MA 02110	617-434-4551	
EASTERN BANK 265 FRANKLIN STREET BOSTON, MA 02110	800-327-8376	
CAPE ANN SAVINGS BANK 109 MAIN STREET GLOUCESTER, MA 01930	978-283-0246	
INSTITUTION FOR SAVINGS 2 DEPOT SQUARE P.O. BOX 32 IPSWICH, MA 01930	978-462-3106	
BOSTON PRIVATE BANK 57 ENON STREET BEVERLY, MA 01915	978-922-8000	
SALEM FIVE P.O. BOX 840 SALEM, MA 01970	800-850-5000	

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	2
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NAME AND ADDRESS	PHONE NUMBER
CABOT STREET YMCA 245 CABOT STREET BEVERLY, MA 01915	(978) 922-0990
STERLING YMCA 254 ESSEX STREET BEVERLY, MA 01915	(978) 927-6855
CAPE ANN YMCA 71 MIDDLE STREET GLOUCESTER, MA 01930	(978) 283-0470
IPSWICH FAMILY YMCA 110 COUNTY ROAD IPSWICH, MA 01938	(978) 356-9622
SALEM YMCA ONE SEWALL STREET SALEM, MA 01970	(978) 744-0351
HAVERHILL YMCA 81 WINTER STREET HAVERHILL, MA 01830	(978) 374-0506
LYNCH/VAN OTTERLOO YMCA 40 LEGGS HILL ROAD MARBLEHEAD, MA 01945	(978) 631-9622
PLAISTOW COMMUNITY YMCA 175 PLAISTOW ROAD PLAISTOW, NH 03865	(603) 382-0641

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FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	3
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---

NAME AND ADDRESS

TITLE

SEE ATTACHED

---

FORM PC	PAGE 4, LINE 18	STATEMENT	4
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---

NAME AND ADDRESS

AREA OF RESPONSIBILITY

KEVIN MCCARTHY  
245 CABOT STREET  
BEVERLY, MA 01915

RESPONSIBLE FOR CUSTODY OF FUNDS

CHRIS LOVASCO  
245 CABOT STREET  
BEVERLY, MA 01915

RESPONSIBLE FOR CUSTODY OF FUNDS

MARJORIE CREGG  
245 CABOT STREET  
BEVERLY, MA 01915

RESPONSIBLE FOR FUNDRAISING

KEVIN MCCARTHY  
245 CABOT STREET  
BEVERLY, MA 01915

CUSTODY OF FINANCIAL RECORDS

CHRIS LOVASCO  
245 CABOT STREET  
BEVERLY, MA 01915

AUTHORIZED TO SIGN CHECKS

KEVIN MCCARTHY  
245 CABOT STREET  
BEVERLY, MA 01915

AUTHORIZED TO SIGN CHECKS

WILLIAM J. LEAVER  
245 CABOT STREET  
BEVERLY, MA 01915

AUTHORIZED TO SIGN CHECKS

KIM MEADER  
245 CABOT STREET  
BEVERLY, MA 01915

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 5

STATE

REG AGENCY

NEW HAMPSHIRE

DEPARTMENT OF THE ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

11/30/15

13829

SOLICIT DATE

TYPE OF SOLICITATION

06/30/18

MASS MAILINGS

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.

04-2104913

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?

☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

☐ Yes ☒ No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.**

**04-2104913**

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**STATEMENT 6**

FORM PC

PAGE 6, LINE 24

STATEMENT 6

NAME AND ADDRESS

SEE ATTACHED

SEE ATTACHED

NATURE OF TRANSACTIONAMOUNT INVOLVED

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

NAME AND ADDRESS

SEE ATTACHED

SEE ATTACHED

NATURE OF TRANSACTIONAMOUNT INVOLVED

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

NAME AND ADDRESS

SEE ATTACHED  
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

AMOUNT INVOLVEDNAME AND ADDRESS

SEE ATTACHED  
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

AMOUNT INVOLVEDNAME AND ADDRESS

SEE ATTACHED  
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

AMOUNT INVOLVED



NAME AND ADDRESS

SEE ATTACHED  
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

AMOUNT INVOLVED

PROCEDURE FOLLOWED

SEE ATTACHED

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: JK Mc Date: 4-8-19

Printed Name: KEVIN MCCARTHY

Title: CFO

Name of Preparer: DANIEL DENNIS & COMPANY LLP

Address 990 WASHINGTON ST. SUITE 308A

City DEDHAM State MA ZIP Code 02026

Phone Number (617) 262-9898

**Schedule A-1**  
**Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

---



---

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input checked="" type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.

04-2104913

Schedule A-1 ctd.  
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**KEVIN MCCARTHY**

Name and Title: **CFO**

Address **245 CABOT STREET**

City **BEVERLY** State **MA** ZIP Code **01915**

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**CHRIS LOVASCO**

Name and Title: **CEO**

Address **245 CABOT STREET**

City **BEVERLY** State **MA** ZIP Code **01915**

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.

04-2104913

**Schedule A-2**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input checked="" type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
THE NORTH SHORE, INC.

04-2104913

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

KEVIN MCCARTHY

Name and Title: CFO

Address 245 CABOT STREET

City BEVERLY

State MA

ZIP Code 01915

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

CHRIS LOVASCO

Name and Title: CEO

Address 245 CABOT STREET

City BEVERLY

State MA

ZIP Code 01915

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

### Certification by Organization

**Two different signatures required.** Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: 73-McC Date: 4-8-19

Printed Name: KEVIN MCCARTHY

Title: CFO

Signature: [Signature] Date: 4-8-19

Printed Name: Christopher Iovasco

Title: CEO

## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: <b>YNS AFFORDABLE HOUSING INC</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-4,378,425.	-4,378,425.

Name: <b>WINTER STREET HOUSING LP</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			1,813,886.	1,813,886.

Name: <b>WINTER STREET HOUSING INC</b>		Primary purpose or activity: <b>PROVISION OF LOW INC HSG</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-12,702.	-12,702.

Name: <b>POWDERHOUSE VILLAGE GP INC</b>		Primary purpose or activity: <b>PROVISION OF LOW INC HSG</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-12,486.	-12,486.

Name: <b>POWDER HOUSE VILLAGE LP</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-1,588,723.	-1,588,723.



## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: <b>HOLCROFT PHASE 2 GP LLC</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			32,533.	32,533.

Name: <b>HOLCROFT PARK HOMES TWO LP</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			3,859,817.	3,859,817.

Name: <b>WADLEIGH HOUSE, LLC</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-553,684.	-553,684.

Name: <b>HOLCROFT PARK HOMES ONE, LP</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			2,752,856.	2,752,856.

Name: <b>CABOT STREET HOMES LP</b>		Primary purpose or activity: <b>LOW INCOME HOUSING</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-1,415,711.	-1,415,711.

## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: <b>HOLCROFT PARK HOMES ONE GP, INC</b>		Primary purpose or activity: <b>PROVISION OF LOW INC HSG</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-10,905.	-10,905.

Name: <b>CABOT STREET HOMES GP, INC</b>		Primary purpose or activity: <b>PROVISION OF LOW INC HSG</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-109,200.	-109,200.

Name: <b>HISTORIC HAVERHILL, INC.</b>		Primary purpose or activity: <b>PROVISION OF LOW INC HSG</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			33,284.	33,284.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see *instructions*). Use additional lines below to itemize by compensation source.

Name: <b>CHRISTOPHER LOVASCO</b>		Title: <b>CEO</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	315,841.	15,809.	25,937.

Name: <b>SCOTT HITCHCOCK</b>		Title: <b>COO</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	195,586.	5,500.	16,014.

Name: <b>KEVIN MCCARTHY</b>		Title: <b>CFO</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	192,642.	15,809.	15,976.

Name: <b>SUSANNAH ROBINSON</b>		Title: <b>CHIEF TALENT OFFICER</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	172,289.	15,809.	13,068.

Name: <b>MARJORIE CREGG</b>		Title: <b>CHIEF ADVANCEMENT OFFICER</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	170,830.	0.	3,384.

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

☐ Yes ☒ No

Young Men's Christian Association of the  
North Shore, Inc  
Form PC Attachment  
EIN: 04-2104913  
YE: 12/31/2018

Form MA PC, Question 17

2018 Board Members

- Thomas Alexander, Counselor
- Stephen Barrand
- Jennifer Buras, 1<sup>st</sup> Vice President
- Sheila Burke, Assistant Treasurer
- Greg Chin
- Diane Connolly
- Jim Cornacchio
- Pam Demetroulakas
- Robert Eastman
- Stephen Feron
- Joan Fredericks
- Judy Gimik
- John Good
- Christopher Hemsey
- Courtney Kagan, Secretary/Clerk
- Steven Kapfhammer
- Jeanne Lambkin
- William Leaver, President
- Jeff Loeb
- Omar Longus
- Lynne Marlor
- Michelle McCarthy
- David McKechnie
- Kim Meader, Treasurer
- Braden Monaco
- Peter Richardson
- Brandon Ruggieri, 2<sup>nd</sup> Vice President
- Marianne Smith
- Andy Sweetland
- Nancy Warner
- Mike Wheeler
- Richard Carlson
- Herb Collins
- Caleb Loring III
- Glen Macleod
- Dudley Miller
- Heaton Robertson
- Bob Scott
- Maureen Trefry

Young Men's Christian Association of the North Shore, Inc.  
Form PC Attachment  
EIN 04-2104913  
YE: 12/31/2018

Form MA PC, Question 24B:

As of December 31, 2018, the Young Men's Christian Association (YMCA) had the following lease with a related party:

- Historic Haverhill, Inc. – Original amount of \$173,600 for a term of 25 years beginning in 2011. Remaining balance on lease of approximately \$121,000.

Form MA PC, Question 24D:

At year ended December 31, 2018, intercompany receivables from each related organization are as follows:

- YNS Affordable Housing - \$2,269,800
- Winter Street Housing LP: \$32,204
- Powder House Village, LP – \$74,605
- Cabot Street Homes – \$241,046
- Holcroft Park Homes One LP - \$426,538
- Holcroft Park Homes Two LP - \$652,794

Form MA PC, Question 24E:

The YMCA is invested in the following related organizations (please refer to the Supplementary schedule included within the YMCA's consolidated financial statements "Consolidating Schedule of Financial Position" for investment balances as of December 31, 2018):

- YNS Affordable Housing, Inc., ("YNS") (a 501(c)(2) organization) was formed in 2010 for the purpose of owning, operating and managing housing for low-income individuals. YNS consists of the projects formally known as Cape Ann and Cabot Affordable. YNS is the 99.98% limited partner in Powder House Village Limited Partnership ("Powder House").
- Winter Street Housing, Inc. (a Massachusetts corporation) is a wholly-owned subsidiary of the YMCA and is the general partner of Winter Street Housing Limited Partnership ("Winter Street").
- Winter Street (a Massachusetts limited partnership) was formed in 2004 to acquire, rehabilitate and operate 52 units of housing for occupancy by low-income individuals.
- Powder House Village GP, Inc. (a Massachusetts corporation) is a wholly-owned subsidiary of the YMCA and is the general partner of Powder House.
- Powder House Village Limited Partnership (a Massachusetts limited partnership) was formed in 2009 to acquire, construct and operate 48 units of housing and for occupancy by low-income individuals and families. The limited partner of Powder House is YNS.

Young Men's Christian Association of the North Shore, Inc.  
Form PC Attachment  
EIN: 04-2104913  
YE: 12/31/2018

Form MA PC, Question 24E:...continued

- On April 29, 2011, members of the YMCA's management assumed control of the board of directors of Historic Haverhill Inc. ("HH") (a 501(c)(3) organization). HH was established for the primary purpose of controlling the John Whittier historic building located in Haverhill, Massachusetts. Upon assuming control of HH, the YMCA agreed to lease the facility for twenty-five years. The YMCA also agreed to manage the facility as part of the terms of the lease with the option to extend for three additional twenty-five year periods. The YMCA currently uses the facility to operate a childcare program.
- The YMCA is a 51% owner of Holcroft Phase Two GP LLC. ("Holcroft Two GP") (a Massachusetts limited liability company). Holcroft Two GP is the general partner of Holcroft Park Homes Two Limited Partnership ("Holcroft Two LP").
- Holcroft Two LP (a Massachusetts limited partnership) was formed in 2012 for the purpose of acquiring land and constructing 29 affordable rental units in Beverly, Massachusetts. Holcroft Two LP commenced operations during 2013.
- Wadleigh House LLC ("Wadleigh House") (a Massachusetts limited liability company) was formed on April 2, 2012 and the YMCA is the sole member. The entity was formed to rehabilitate and develop 20 units of housing and for occupancy by low-income individuals. Wadleigh House commenced operations during 2013.
- Cabot Housing LLC was formed in 2017 for the purpose of owning, operating and managing housing for low-income individuals. As of December 31, 2018 and 2017, the YMCA incurred \$135,987 and \$107,905, respectively, in development costs for Cabot Housing LLC. During 2018, Cabot Housing LLC received several funding commitments.

Form MA PC, Question 24F:

The YMCA manages the low-income housing entities in accordance with the respective partnership agreements. Management fees (which do not include maintenance and administrative services) are as follows:

- YNS Affordable Housing Inc. - \$35,439
- Winter Street Housing LP - \$28,435
- Powder House Village, LP - \$29,074
- Holcroft Park Homes One LP - \$24,290
- Holcroft Park Homes Two LP - \$20,208
- Cabot Street Homes LP - \$13,438

Form MA PC, Question 24G:

- Building Lease from Historic Haverhill, Inc. approximately \$7,000

Young Men's Christian Association of the North Shore, Inc.  
Form PC Attachment  
EIN: 04-2104913  
YE: 12/31/2018

Form MA PC, Question 24G:...continued

- Members of the Organization's Board of Directors are members of law firms that the Organization used for legal services. Total legal expenses paid to these firms during the years ended December 31, 2018 and 2017 were approximately \$9,000 and \$27,000, respectively.
- An officer and director of the Organization's Board of Directors is employed at a marketing and advertising firm whose services are engaged by the Organization. Payment for these services was approximately \$12,000 and \$68,000 for the years ended December 31, 2018 and 2017, respectively.

Form MA PC, Question 24H:

Please refer to Form 990, Part VII.

## PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

<b>A</b> For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.</u> Doing business as <u>YMCA OF THE NORTH SHORE, INC.</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>245 CABOT STREET</u> City or town, state or province, country, and ZIP or foreign postal code <u>BEVERLY, MA 01915</u> <b>D</b> Employer identification number <u>04-2104913</u> <b>E</b> Telephone number <u>(978) 922-0990</u> <b>G</b> Gross receipts \$ <u>49,114,392</u> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ <b>F</b> Name and address of principal officer: <u>KEVIN MCCARTHY</u> <u>SAME AS C ABOVE</u> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <u>WWW.NORTHSHOREYMCA.ORG</u> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <u>1858</u> <b>M</b> State of legal domicile: <u>MA</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>OUR YMCA WELCOMES ALL. WE STRENGTHEN COMMUNITIES, EDUCATE AND NURTURE CHILDREN, AND PROMOTE HEALTHY LIVING IN SPIRIT, MIND AND BODY.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>31</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>31</u>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<u>2,526</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>1,131</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<u>0</u>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>10,500,070</u>	<u>9,602,017</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>33,990,887</u>	<u>35,828,307</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>296,076</u>	<u>312,842</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,926,603</u>	<u>2,056,178</u>
	<b>12</b>		<u>46,713,636</u>	<u>47,799,344</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,843,919</u>	<u>2,652,632</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>25,311,786</u>	<u>27,030,959</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,230,377</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>13,833,535</u>	<u>14,971,622</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>41,989,240</u>	<u>44,655,213</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>4,724,396</u>	<u>3,144,131</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>98,410,643</u>	<u>99,284,639</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>30,162,873</u>	<u>28,861,007</u>
<b>22</b>		<u>68,247,770</u>	<u>70,423,632</u>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	Type or print name and title <u>KEVIN MCCARTHY, CFO</u>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>ANDREW BACIGALUPO</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01797572</u>
	Firm's name ▶ <u>DANIEL DENNIS &amp; COMPANY, LLP</u>	Firm's EIN ▶ <u>04-2734675</u>			
	Firm's address ▶ <u>990 WASHINGTON STREET, SUITE 308A, DEDHAM, MA 02026</u>	Phone no. <u>(617) 262-9898</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)



**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:  
OUR YMCA WELCOMES ALL. WE STRENGTHEN COMMUNITIES, EDUCATE AND NURTURE CHILDREN, AND PROMOTE HEALTHY LIVING IN SPIRIT, MIND AND BODY. OUR STRATEGIC GOALS INCLUDE PROVIDING YOUTH AND TEEN SKILL DEVELOPMENT, REVERSING THE OBESITY EPIDEMIC, IMPROVING HEALTH OUTCOMES FOR ALL COMMUNITY MEMBERS,  
(CONTINUED ON SCHEDULE O)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 20,593,184 including grants of \$ 1,652,962 ) (Revenue \$ 18,308,167 )

YOUTH DEVELOPMENT - AT THE Y, WE BELIEVE THAT ALL KIDS HAVE AMAZING POTENTIAL. VALUES AND SKILLS LEARNED EARLY ARE VITAL BUILDING BLOCKS FOR LIFE. YOUNG PEOPLE DESERVE AN OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. FROM THE YOUNGEST IN OUR CHILD CARE PROGRAMS TO THE TEENS IN OUR LEADERSHIP DEVELOPMENT INITIATIVES, THE Y GIVES KIDS AND TEENS A SAFE PLACE TO BELONG, BUILDING CONFIDENCE AND LEARNING POSITIVE BEHAVIORS GROUNDED IN OUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY.

CHILDCARE - AS THE REGION'S LARGEST PROVIDER OF HIGH-QUALITY AFFORDABLE CHILDCARE, WE SUPPORT THE HEALTHY DEVELOPMENT OF APPROXIMATELY 2,200 CHILDREN. AT OUR 40+ CHILDCARE CENTERS, WE FOCUS ON NURTURING CHILDREN BY PROVIDING A SAFE AND HEALTHY PLACE TO LEARN FOUNDATIONAL SKILLS; DEVELOP HEALTHY, TRUSTING RELATIONSHIPS; AND BUILD SELF-RELIANCE THROUGH THE Y VALUES OF CARING, HONESTY,  
(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 19,113,963 including grants of \$ 999,670 ) (Revenue \$ 17,520,140 )

HEALTHY LIVING - AT THE Y, WE BELIEVE THAT BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY ACTIVE. IT IS ABOUT MAINTAINING A BALANCED SPIRIT, MIND AND BODY. THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING ISSUES, A LEADER IN FIGHTING CHRONIC DISEASE, AND COMMITTED TO EMPOWERING PEOPLE TO LEAD FULLER LIVES. WE BRING FAMILIES CLOSER TOGETHER, PROMOTE HEALTHY LIVING, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, MILLIONS OF YOUTH, ADULTS AND FAMILIES RECEIVE THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO BECOME AND STAY HEALTHY.

MEMBERSHIP AND FITNESS - THE YMCA HAS OVER 44,000 MEMBERS FROM IN AND AROUND THE NORTH SHORE REGION OF MASSACHUSETTS. THE ORGANIZATION'S FULL-SERVICE FACILITY IN PLAISTOW, NEW HAMPSHIRE HAS MORE THAN 2,200 MEMBERS. THE YMCA PROVIDED MORE THAN \$900,000 IN FINANCIAL ASSISTANCE TO THOSE CHILDREN, ADULTS AND FAMILIES WHO WERE UNABLE TO PAY FOR MEMBERSHIP. APPROXIMATELY 700 INDIVIDUALS PARTICIPATED IN OUR Y'S NEW CORNER STONE PROGRAM SUPPORTING CANCER SURVIVORS AND THEIR FAMILIES.

**4c** (Code: ) (Expenses \$ 2,698,915 including grants of \$ 0 ) (Revenue \$ 1,147,050 )

SOCIAL RESPONSIBILITY - AT THE Y, WE BELIEVE THAT WHEN WE WORK TOGETHER, WE MOVE INDIVIDUALS, FAMILIES AND COMMUNITIES FORWARD. SINCE 1858, OUR Y HAS RESPONDED TO SOCIETY'S MOST PRESSING NEEDS BY DEVELOPING INNOVATIVE, COMMUNITY-BASED SOLUTIONS AND UNITING PEOPLE FROM ALL WALKS OF LIFE TO PARTICIPATE IN AND WORK FOR POSITIVE SOCIAL CHANGE. WHETHER ADVOCATING FOR HEALTHY FOOD OPTIONS FOR UNDERSERVED COMMUNITIES, OR GIVING PEOPLE AN AFFORDABLE PLACE TO LIVE, THE Y IS COMMITTED TO EMPOWERING PEOPLE WITH THE RESOURCES AND SUPPORT NEEDED TO LIVE HEALTHY, CONNECTED AND SECURE LIVES.

RESIDENCE - OUR Y PROVIDES AFFORDABLE HOUSING FACILITIES IN BEVERLY, IPSWICH, CAPE ANN, AND HAVERHILL. APPROXIMATELY 500 CHILDREN AND ADULTS ARE PROVIDED A SAFE, AFFORDABLE AND CLEAN SPACE TO CALL HOME.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **42,406,062**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> ✓	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> ✓	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	<b>14b</b>	✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b> ✓	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> ✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b> ✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b> ✓	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b> ✓	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b> ✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b> ✓	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b> ✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> ✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b> ✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 77	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	2,526
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	✓
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	✓
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 31		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .	<b>1b</b> 31		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		✓
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b> ✓	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b> ✓	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> ✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> ✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> ✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b> ✓	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b> ✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b> ✓	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> ✓	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> ✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b> ✓	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b> ✓	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► [MA, NH](#)

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
[KEVIN MCCARTHY, 245 CABOT STREET, BEVERLY, MA 01915, \(978\) 922-0990](#)



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS ALEXANDER COUNSELOR	2.0	✓		✓				0	0	0
(2) JENNIFER BURAS 1ST VICE PRESIDENT	2.0	✓		✓				0	0	0
(3) SHEILA BURKE ASSISTANT TREASURER	2.0	✓		✓				0	0	0
(4) COURTNEY KAGAN SECRETARY/CLERK	2.0	✓		✓				0	0	0
(5) WILLIAM LEAVER PRESIDENT	2.0	✓		✓				0	0	0
(6) KIM MEADER TREASURER	2.0	✓		✓				0	0	0
(7) BRANDON RUGGIERI 2ND VICE PRESIDENT	2.0	✓		✓				0	0	0
(8) STEPHEN BARRAND BOARD MEMBER	2.0	✓						0	0	0
(9) GREG CHIN BOARD MEMBER	2.0	✓						0	0	0
(10) DIANE CONNOLLY BOARD MEMBER	2.0	✓						0	0	0
(11) JIM CORNACCHIO BOARD MEMBER	2.0	✓						0	0	0
(12) PAM DEMETROULAKAS BOARD MEMBER	2.0	✓						0	0	0
(13) ROBERT EASTMAN BOARD MEMBER	2.0	✓						0	0	0
(14) STEPHEN FERON BOARD MEMBER	2.0	✓						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOAN FREDERICKS BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) JUDY GIMIK BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHRISTOPHER HEMSEY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) STEVEN KAPFHAMMER BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) JEANNE LAMBKIN BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) JEFF LOEB BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) OMAR LONGUS BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) LYNNE MARLOR BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) MICHELLE MCCARTHY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) DAVID MCKECHNIE BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								1,784,764	0	186,578
<b>d Total (add lines 1b and 1c)</b>								1,784,764	0	186,578

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 13

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BRENNER FACILITY SERVICES LLC, 7 FRANKLIN STREET, SUITE #1, SALEM, MA 01970	FACILITY CLEANING	919,331
WJJ PLANNING & CONSTRUCTION LLC, 64 HAVERHILL STREET, READING, MA 01867	CONSTRUCTION	258,810
CALENDAR PRESS, 28 WINTER STREET, PEABODY, MA 01960	PRINTING	124,365
SEE PART VII 1A(49), 16 SUMMIT AVE, ROCKPORT, MA 01966	REAL ESTATE CONSULTING AND ADVISING	

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 4

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 80,893				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 36,870				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 4,063,326				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 5,420,928				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	518,802				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	9,602,017				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	MEMBERSHIP REVENUE		15,204,910	15,204,910		
	<b>b</b>	CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL		6,868,635	6,868,635		
	<b>c</b>	CHILDCARE REVENUE -- SCHOOL AGE		5,524,447	5,524,447		
	<b>d</b>	DAY CAMP REVENUE		3,405,792	3,405,792		
	<b>e</b>	RESIDENT CAMP REVENUE		0	0		
	<b>f</b>	All other program service revenue . . . . .		4,824,523	4,824,523	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		35,828,307			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		312,842			312,842
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	782,086				
	<b>b</b>	Less: rental expenses . . . . .	790,247				
	<b>c</b>	Rental income or (loss) . . . . .	(8,161)	0			
	<b>d</b>	Net rental income or (loss) . . . . .		(8,161)			(8,161)
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .	0	0			
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ 36,870 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 1,395,956				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 524,801				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		871,155			871,155
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
		<b>Business Code</b>					
<b>11a</b>	HOUSING MANAGEMENT FEE	900099	825,922	825,922			
<b>b</b>	RESALE INCOME	900099	46,134			46,134	
<b>c</b>							
<b>d</b>	All other revenue . . . . .		321,128	321,128	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,193,184				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		47,799,344	36,975,357	0	1,221,970	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,652,632	2,652,632		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,205,038	1,125,432	51,657	27,949
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	21,055,757	19,921,700	431,195	702,862
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	826,595	751,127	59,680	15,788
<b>9</b> Other employee benefits . . . . .	2,294,917	2,171,007	47,326	76,584
<b>10</b> Payroll taxes . . . . .	1,648,652	1,564,709	30,472	53,471
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	18,112	16,301	1,811	0
<b>c</b> Accounting . . . . .	49,630	44,667	4,963	0
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,065,232	1,697,293	206,162	161,777
<b>12</b> Advertising and promotion . . . . .	208,089	164,256	42,342	1,491
<b>13</b> Office expenses . . . . .	926,336	859,151	55,657	11,528
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,828,492	2,807,888	20,604	0
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	151,325	148,715	0	2,610
<b>20</b> Interest . . . . .	663,074	662,560	514	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,950,376	2,950,376		
<b>23</b> Insurance . . . . .	410,796	409,419	1,377	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>PROGRAM</u> . . . . .	1,474,303	1,461,619	11,470	1,214
<b>b</b> <u>BANK AND OTHER FEES</u> . . . . .	619,476	591,550	10,569	17,357
<b>c</b> <u>DUES AND CERTS</u> . . . . .	504,252	480,744	23,508	0
<b>d</b> <u>TRANSPORTATION</u> . . . . .	393,013	392,568	0	445
<b>e</b> All other expenses . . . . .	1,709,116	1,496,346	55,469	157,301
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	44,655,213	42,370,060	1,054,776	1,230,377
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,031,704	<b>1</b>	912,141
	<b>2</b> Savings and temporary cash investments . . . . .	1,003,997	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	6,957,975	<b>3</b>	5,983,222
	<b>4</b> Accounts receivable, net . . . . .	944,296	<b>4</b>	1,248,332
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	3,719,033	<b>7</b>	3,697,898
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	503,345	<b>9</b>	720,807
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 95,168,874		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 34,062,391	<b>10c</b>	61,106,483
	<b>11</b> Investments—publicly traded securities . . . . .	12,291,412	<b>11</b>	15,619,416
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,402,679	<b>15</b>	9,996,340
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	98,410,643	<b>16</b>	99,284,639
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,076,449	<b>17</b>	2,760,815
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,258,907	<b>19</b>	1,271,058
	<b>20</b> Tax-exempt bond liabilities . . . . .	20,322,895	<b>20</b>	19,673,892
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,400,005	<b>23</b>	5,032,385
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	104,617	<b>25</b>	122,857
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	30,162,873	<b>26</b>	28,861,007
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	55,158,145	<b>27</b>	54,771,355
	<b>28</b> Temporarily restricted net assets . . . . .	11,584,954	<b>28</b>	14,254,331
	<b>29</b> Permanently restricted net assets . . . . .	1,504,671	<b>29</b>	1,397,946
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	68,247,770	<b>33</b>	70,423,632
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	98,410,643	<b>34</b>	99,284,639

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	47,799,344
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	44,655,213
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,144,131
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	68,247,770
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(795,111)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(173,158)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	70,423,632

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	✓	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

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**Part VII**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) BRADEN MONACO ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(26) PETER RICHARDSON ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(27) MARIANNE SMITH ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) ANDY SWEETLAND ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(29) NANCY WARNER ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(30) MIKE WHEELER ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(31) RICHARD CARLSON ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(32) HERB COLLINS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(33) CALEB LORING III ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(34) GLEN MACLEOD ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(35) DUDLEY MILLER ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(36) HEATON ROBERTSON ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(37) BOB SCOTT ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(38) MAUREEN TREFRY ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(39) JOHN GOOD ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(40) CHRISTOPHER LOVASCO ----- CEO	40.0 -----			✓				315,841	0	37,809
(41) KEVIN MCCARTHY ----- CFO	40.0 -----			✓				192,642	0	31,812
(42) SCOTT HITCHCOCK ----- COO	40.0 -----				✓			195,586	0	21,544
(43) SUSANNAH ROBINSON ----- CHIEF TALENT OFFICER	40.0 -----				✓			172,289	0	29,125
(44) MARJORIE CREGG ----- CHIEF ADVANCEMENT OFFICER	40.0 -----				✓			170,830	0	2,892

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JUDITH CRONIN ----- EXECUTIVE DIRECTOR	40.0 -----					✓		136,281	0	23,706
(46) GERALD MACKILLOP ----- EXECUTIVE DIRECTOR	40.0 -----					✓		130,484	0	10,439
(47) MEEGAN O'NEIL ----- CHIEF STRATEGY OFFICER	23.0 -----					✓		117,883	0	15,455
(48) JANE STARK ----- DIRECTOR OF DEVELOPMENT	40.0 -----					✓		111,919	0	2,432
(49) LAURA SNYDER ----- CONTROLLER	40.0 -----					✓		108,405	0	11,364
(50) JOHN J. MEANY ----- FORMER CEO	27.5 -----						✓	132,604	0	0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.**

Employer identification number

04-2104913

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2018

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,992,876	12,278,206	9,230,899	10,500,070	9,602,017	49,604,068
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	28,539,942	31,098,188	32,126,712	33,990,887	35,828,307	161,584,036
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . .	36,532,818	43,376,394	41,357,611	44,490,957	45,430,324	211,188,104
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	839,791	5,315,235	338,228	341,267	160,953	6,995,474
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . .	839,791	5,315,235	338,228	341,267	160,953	6,995,474
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						204,192,630

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .	36,532,818	43,376,394	41,357,611	44,490,957	45,430,324	211,188,104
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	1,098,386	1,449,271	1,305,186	1,313,160	1,094,928	6,260,931
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						0
<b>c</b> Add lines 10a and 10b . . . .	1,098,386	1,449,271	1,305,186	1,313,160	1,094,928	6,260,931
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .	1,106,507	1,186,633	1,058,655	1,259,853	1,193,184	5,804,832
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	38,737,711	46,012,298	43,721,452	47,063,970	47,718,436	223,253,867
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	91.46 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	90.68 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	2.80 %
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	2.99 %
<b>19a 33 1/3% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2018 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 . . . . .			
<b>b</b> From 2014 . . . . .			
<b>c</b> From 2015 . . . . .			
<b>d</b> From 2016 . . . . .			
<b>e</b> From 2017 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 . . .			
<b>b</b> Excess from 2015 . . .			
<b>c</b> Excess from 2016 . . .			
<b>d</b> Excess from 2017 . . .			
<b>e</b> Excess from 2018 . . .			

Schedule A (Form 990 or 990-EZ) 2018

## Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(1) OTHER INCOME	1,106,507	1,186,633	1,058,655	1,259,853	1,193,184	5,804,832

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,060,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 790,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 481,932	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-2104913

## Part II

(a) No.  
from  
Part I

## MICROSOFT SOFTWARE LICENSES

3

\$ 481,932

05/24/2018

(a) No.  
from  
Part I

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$

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(a) No.  
from  
Part I

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\$

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(a) No.  
from  
Part I

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\$

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(a) No.  
from  
Part I

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\$

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(a) No.  
from  
Part I

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\$

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Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.**

Employer identification number

**04-2104913**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2018

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:60%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		7,408
<b>j</b> Total. Add lines 1c through 1i			7,408
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

# Part IV

**Supplemental Information.** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE YMCA OF THE NORTH SHORE, INC. IS A MEMBER OF THE ALLIANCE OF MASSACHUSETTS YMCAS, A PUBLIC POLICY AND ADVOCACY GROUP COMMITTED TO WORKING WITH YMCAS AND OTHER CHILD CARE AND HUMAN SERVICE ORGANIZATIONS IN THE COMMONWEALTH, CONCERNED WITH THE WELL BEING OF CHILDREN AND FAMILIES. THE YMCA OF THE NORTH SHORE, INC. ENGAGES A STRATEGIC MANAGEMENT AND PUBLIC AFFAIRS CONSULTANT TO ASSIST THE ORGANIZATION IN NAVIGATING REGULATORY AND FUNDING MATTERS PERTAINING TO YMCA SERVICES.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ (ii) Assets included in Form 990, Part X . . . . . ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	

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Cat. No. 52283D

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	9,653,662	7,975,915	7,416,725	7,446,433	6,919,832
<b>b</b> Contributions	94,857	842,861	116,252	313,991	675,879
<b>c</b> Net investment earnings, gains, and losses	(605,164)	1,178,768	672,105	(187,168)	260,897
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	316,188	326,391	212,537	135,242	398,207
<b>f</b> Administrative expenses	18,242	17,491	16,630	21,289	11,968
<b>g</b> End of year balance	8,808,925	9,653,662	7,975,915	7,416,725	7,446,433

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☒ 74.50 %  
**b** Permanent endowment ☒ 20.90 %  
**c** Temporarily restricted endowment ☒ 4.60 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations  
**(ii)** related organizations

	Yes	No
<b>3a(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		5,315,313		5,315,313
<b>b</b> Buildings		80,147,118	28,868,409	51,278,709
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		7,112,882	4,055,558	3,057,324
<b>e</b> Other		2,593,561	1,138,424	1,455,137
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,106,483

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS LIMITED TO USE	34,774
(2) CASH RESTRICTED FOR PROPERTY AND EQUIPMENT	7,146,431
(3) INVESTMENTS IN BENEFICIAL TRUSTS	990,983
(4) CASH SURRENDER VALUE OF INSURANCE CONTRACT	841,113
(5) INVESTMENT IN AFFILIATE	23,316
(6) SPLIT INTEREST AGREEMENT	959,723
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	9,996,340

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAPITAL LEASE OBLIGATIONS	43,424	
(3) TENANT SECURITY DEPOSITS	19,009	
(4) DUE TO AFFILIATE	3,832	
(5) OTHER LONG-TERM DEBT	56,592	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	122,857	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE STATEMENT](#)

# Part XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FUNDS ARE FOR THE OPERATIONS OF THE ORGANIZATION.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION FOLLOWS FASB ASC 740, "INCOME TAXES", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAX ABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAINTIES IN INCOME TAXES. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2015. THE ORGANIZATIONS TAX RETURNS FOR 2015, 2016 AND 2017 ARE SUBJECT TO EXAMINATION.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total** . . . . . ▶

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>AUCTION</u> (event type)	(b) Event #2 <u>NSY ROAD RACE SERIES</u> (event type)	(c) Other events <u>8</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	945,177	196,797	290,852	1,432,826
	<b>2</b> Less: Contributions . . . . .	36,870			36,870
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	908,307	196,797	290,852	1,395,956
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	14,650	44,972	1,628	61,250
	<b>6</b> Rent/facility costs . . . . .	2,100		80,690	82,790
	<b>7</b> Food and beverages . . . . .	93,995	3,952	6,002	103,949
	<b>8</b> Entertainment . . . . .	11,050		1,895	12,945
	<b>9</b> Other direct expenses . . . . .	167,033	70,149	26,685	263,867
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				524,801
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				871,155

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .			30,200	30,200
Direct Expenses	<b>2</b> Cash prizes . . . . .				0
	<b>3</b> Noncash prizes . . . . .			14,500	14,500
	<b>4</b> Rent/facility costs . . . . .				0
	<b>5</b> Other direct expenses . . . . .			2,594	2,594
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				17,094
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				13,106

**9** Enter the state(s) in which the organization conducts gaming activities: MA

**a** Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |       |
|--------------------------------------|------------|-------|
| <b>a</b> The organization's facility | <b>13a</b> | 0 %   |
| <b>b</b> An outside facility         | <b>13b</b> | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LAURA SNYDER

Address ▶ 245 CABOT STREET, BEVERLY, MA 01915

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2018)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	5,870		931,011	FMV	MEMBERSHIP PROGRAM
2 SCHOLARSHIPS	693		288,593	FMV	CAMP & SPECIALTY PROGRAM
3 SCHOLARSHIPS	349		781,169	FMV	INFANT & TODDLER
4 SCHOLARSHIPS	672		433,153	FMV	SCHOOL AGE CHILDCARE
5 SCHOLARSHIPS	4,167		218,706	FMV	SPECIALTY PROGRAMMING
6					
7					

<b>Part IV</b>	<b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
----------------	--

(SEE STATEMENT)

**Part IV****Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE YMCA OFFERS FINANCIAL ASSISTANCE BASED ON FAMILY HOUSEHOLD INCOME, ENSURING THAT HELP IS OFFERED WHERE MOST NEEDED. THIS INCLUDES COLLECTING PAY STUB INFORMATION, HOURS WORKED AND OTHER DOCUMENTATION TO VERIFY LEGAL RESIDENCE.



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </div> </div>		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
<b>1b</b>		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
<b>2</b>		
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>	✓	
<div style="margin-left: 20px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                 </div>		✓
<div style="margin-left: 20px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		✓
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>		✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 5a or 5b, describe in Part III.		✓
<b>5a</b>		
<b>5b</b>		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>		✓
<div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 6a or 6b, describe in Part III.		✓
<b>6a</b>		
<b>6b</b>		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	✓	
<b>7</b>		
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		✓
<b>8</b>		
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50053T

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHRISTOPHER LOVASCO CEO	(i) 272,428	(ii) 40,000	(iii) 3,413	22,000	15,809	353,650	0
		(ii) 0	0	0	0	0	0	0
2	KEVIN MCCARTHY CFO	(i) 177,302	(ii) 15,000	(iii) 340	16,003	15,809	224,454	0
		(ii) 0	0	0	0	0	0	0
3	SCOTT HITCHCOCK COO	(i) 180,208	(ii) 15,000	(iii) 378	16,044	5,500	217,130	0
		(ii) 0	0	0	0	0	0	0
4	SUSANNAH ROBINSON CHIEF TALENT OFFICER	(i) 156,799	(ii) 15,000	(iii) 490	13,316	15,809	201,414	0
		(ii) 0	0	0	0	0	0	0
5	MARJORIE CREGG CHIEF ADVANCEMENT OFFICER	(i) 164,538	(ii) 4,650	(iii) 1,642	2,892	0	173,722	0
		(ii) 0	0	0	0	0	0	0
6	JUDITH CRONIN EXECUTIVE DIRECTOR	(i) 125,159	(ii) 10,000	(iii) 1,122	11,620	12,086	159,987	0
		(ii) 0	0	0	0	0	0	0
7	JOHN J. MEANY FORMER CEO	(i) 132,604	(ii) 0	(iii) 0	0	0	132,604	0
		(ii) 0	0	0	0	0	0	0
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**Part III**

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	MEEGAN O'NEIL, CHIEF STRATEGY OFFICER, RECEIVED SEVERANCE PAYMENTS TOTALING \$35,114 DURING 2018.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	BONUS PAYMENTS ARE PERFORMANCE BASED AND AT THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND MANAGEMENT.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	02/29/2012	11,626,039	SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B		✓		✓		✓
<b>B</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	02/29/2012	5,000,000	SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B		✓		✓		✓
<b>C</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	01/01/2016	6,150,000	(SEE STATEMENT)		✓		✓		✓
<b>D</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	05/01/2017	8,559,000	SERIES 2017A - REFINANCE EXISTING SERIES 2009A & B		✓		✓		✓

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .								
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	11,626,039		5,000,000		6,150,000		8,559,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .	11,626,039		5,000,000					
<b>7</b>	Issuance costs from proceeds . . . . .					77,577		59,672	
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .					4,124,622			
<b>11</b>	Other spent proceeds . . . . .					1,947,801		8,559,000	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2012		2012		2016		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		✓		✓		✓		✓
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		✓
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓		✓		✓	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓		✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2018

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		✓		✓		✓		✓
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶	0.50 %		0.50 %		0.50 %		0.50 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .	0.50 %		0.50 %		0.50 %		0.50 %	
<b>7</b>	Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		✓		✓		✓		✓

**Part IV Arbitrage**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b>	If "No" to line 1, did the following apply?								
<b>a</b>	Rebate not due yet? . . . . .		✓		✓		✓		✓
<b>b</b>	Exception to rebate? . . . . .	✓		✓		✓		✓	
<b>c</b>	No rebate due? . . . . .		✓		✓		✓		✓
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	✓		✓		✓		✓	



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	05/01/2017	6,300,000	(SEE STATEMENT)		✓		✓		✓
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .								
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	6,300,000							
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	42,552							
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	6,300,000							
<b>11</b>	Other spent proceeds . . . . .								
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2017							
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓						
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2018

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓							
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓							
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		✓						
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓						
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶	0.50 %							
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .	0.50 %							
<b>7</b>	Does the bond issue meet the private security or payment test? . . . . .		✓						
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		✓						

**Part IV Arbitrage**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓						
<b>2</b>	If "No" to line 1, did the following apply?								
<b>a</b>	Rebate not due yet? . . . . .		✓						
<b>b</b>	Exception to rebate? . . . . .	✓							
<b>c</b>	No rebate due? . . . . .		✓						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	✓							



		A		B		C		D	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No
			✓						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓						
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? .		✓						
7	Has the organization established written procedures to monitor the requirements of section 148? . . . . .		✓						

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		✓						

(SEE STATEMENT)

## Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I - BOND ISSUES	(A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE: SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B  (A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE: SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B  (A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE: CONSTRUCT OUTDOOR SPLASH PARK AT IPSWICH, MA YMCA FACILITY
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	SERIES 2017B - FACILITY EXPANSION AND NEW EDUCATION CENTER AT BEVERLY, MA YMCA
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	CONSTRUCT OUTDOOR SPLASH PARK AT IPSWICH, MA YMCA FACILITY

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018****Open To Public Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I****Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II****Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

**Part III****Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Provide additional information for responses to questions on Schedule L (see instructions).

[illegible]

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	148	36,870	MARKET VALUE
26	✓	1,619	481,932	MARKET VALUE
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - AUCTION ITEMS NUMBER OF ITEMS CONTRIBUTED OTHER - MICROSOFT SOFTWARE LICENSES NUMBER OF ITEMS CONTRIBUTED

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the Organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer Identification Number

04-2104913

Return Reference - Identifier	Explanation								
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	DECREASING SOCIAL ISOLATION, AND SUPPORTING BASIC NEEDS FOR THOSE WITH FINANCIAL DIFFICULTIES. OUR 2,526-MEMBER EMPLOYEE TEAM AND 1,131-MEMBER VOLUNTEER TEAM ARE COMMITTED TO SERVING ALL IN OUR COMMUNITIES. THIS COMMITMENT CAN BE SEEN IN THE HIGH QUALITY OF SERVICE WE PROVIDE AND OUR STRONG FINANCIAL ASSISTANCE PROGRAM, THROUGH WHICH OVER \$2,600,000 WAS DISTRIBUTED TO OVER 11,700 CHILDREN, ADULTS AND FAMILIES WHO WERE UNABLE TO PAY FOR Y MEMBERSHIP AND PROGRAMS.								
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>RESPECT AND RESPONSIBILITY. OUR FULL-DAY AND PARTIAL-DAY CHILDCARE PROGRAMS FOR INFANTS THROUGH MIDDLE SCHOOL CHILDREN ENABLE PARENTS AND GUARDIANS TO GO TO WORK KNOWING THEIR CHILDREN ARE IN A SAFE, LEARNING ENVIRONMENT. THE YMCA PROVIDED MORE THAN \$1,200,000 IN FINANCIAL ASSISTANCE AND MORE THAN ONE IN THREE CHILDREN RECEIVED SUBSIDIZED CHILDCARE.</p> <p>CAMP - OUR Y PROVIDES DAY CAMP EXPERIENCES THAT FILL EACH SUMMER DAY WITH FRIENDSHIPS AND MEMORIES THAT LAST A LIFETIME. OVER 4,500 CHILDREN ENJOYED CAMP ADVENTURES RANGING FROM HIKING IN THE NEW ENGLAND MOUNTAINS TO SAILING OFF THE COAST OF MARBLEHEAD. THE YMCA PROVIDED APPROXIMATELY \$300,000 IN FINANCIAL ASSISTANCE TO ONE IN FOUR CHILDREN ATTENDING CAMP.</p> <p>YOUTH SERVICES - OUR Y PROGRAM, INCLUDING OUR TEEN CENTERS, THEATER PROGRAMS, AND YOUTH SPORTS PROGRAMS, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. MORE THAN 26,000 OF OUR MEMBERS ARE AGED 17 AND UNDER. FINANCIAL ASSISTANCE PROVIDED MAKES PARTICIPATION POSSIBLE FOR MORE THAN ONE IN FOUR OF THE YOUNG PEOPLE WE ENGAGE.</p> <p>AQUATICS - OUR Y IS A LEADING VOICE IN COMMUNITY WATER SAFETY. WE TEACH YOUNG CHILDREN TO SWIM, CERTIFY LIFEGUARDS TO PROTECT OUR REGION'S BEACHES, AND PROVIDE HEALTH AND WELLNESS PROGRAMS TO ENSURE ADULT WELL-BEING. MORE THAN 4,900 OF OUR NEIGHBORS STAY SAFE AND HEALTHY IN OUR SWIM PROGRAMS.</p>								
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	EACH LOCAL BOARD OF DIRECTORS SHALL ELECT ONE MEMBER TO SIT ON THE BOARD OF DIRECTORS. ELECTION OF SAID REPRESENTATIVE DIRECTORS SHALL BE CONDUCTED IN THE TIME AND MANNER SPECIFIED IN THE WRITTEN POLICY OF EACH LOCAL BOARD OF DIRECTORS. THE NSY SHALL CONDUCT ANNUAL ELECTIONS TO ELECT THE AT-LARGE DIRECTORS WHO SHALL SERVE UNTIL THE FOLLOWING ANNUAL ELECTION.								
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED BY THE BOARD TREASURER/CHAIRMAN OF THE FINANCE COMMITTEE, CHAIRMAN OF THE AUDIT COMMITTEE, CFO AND CEO, PRIOR TO FILING FINAL ELECTRONICALLY WITH THE IRS. THIS REVIEW INCLUDED CHANGES IN THE FORM 990 COMPARED TO LAST YEAR AND VERIFICATION OF ACCURACY IN STATEMENTS AND MISSION OF THE ORGANIZATION. IN ADDITION, A COPY OF FORM 990 IS REVIEWED AND ELECTRONICALLY COMMUNICATED TO THE ENTIRE BOARD PRIOR TO FILING.								
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN. AN INTERESTED PARTY SHALL COMPLETE THE QUESTIONNAIRE FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT AND AFFIRMATION OF THE COMPLIANCE SHALL BE SUBMITTED UPON HIS/HER ASSOCIATION WITH THE YMCA OF THE NORTH SHORE, AND SHALL BE FILED WHENEVER A POTENTIAL CONFLICT ARISES.								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIS OCCURS DURING THE EVALUATION PROCESS. THIS PROCESS WAS LAST COMPLETED IN QUARTER 2 OF 2018. THE COMPENSATION OF OTHER KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE CEO DURING THE EVALUATION PROCESS. THIS WAS LAST COMPLETED IN QUARTER 2 OF 2018.								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE AND UPON REQUEST. THE FORM 990 IS ALSO MADE AVAILABLE VIA THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND GUIDESTAR WEBSITE.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>CHANGE IN CASH SURRENDER VALUE</td><td>- 47,827</td></tr><tr><td>CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS</td><td>- 50,169</td></tr><tr><td>CHANGE IN THE VALUE OF CRUT</td><td>- 75,162</td></tr></table>	(a) Description	(b) Amount	CHANGE IN CASH SURRENDER VALUE	- 47,827	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	- 50,169	CHANGE IN THE VALUE OF CRUT	- 75,162
(a) Description	(b) Amount								
CHANGE IN CASH SURRENDER VALUE	- 47,827								
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	- 50,169								
CHANGE IN THE VALUE OF CRUT	- 75,162								

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number

04-2104913

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WADLEIGH HOUSE, LLC (N/A) 81 WINTER STREET, HAVERHILL, MA 01830	LOW INCOME HOUSING	MA	142,709	2,910,675	YMCA OF THE NORTH SHORE INC.
(2) CABOT HOUSING, LLC 245 CABOT STREET, BEVERLY, MA 01915	LOW INCOME HOUSING	MA	0	0	YMCA OF THE NORTH SHORE, INC.
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YNS AFFORDABLE HOUSING, INC. (27-4406835) 245 CABOT, BEVERLY, MA 01915	LOW INCOME HOUSING	MA	501(C)(2)		YMCA OF THE NORTH SHORE, INC.	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2018



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
HOLCROFT PARK HOMES TWO, LP	D	488,900	VALUE OF LOAN ISSUANCE
(1) YNS AFFORDABLE HOUSING, INC.	D	201,944	VALUE OF LOAN ISSUANCE
(2) YNS AFFORDABLE HOUSING, INC.	D	173,000	VALUE OF LOAN ISSUANCE
(3) HOLCROFT PARK HOMES ONE, LP	D	268,662	VALUE OF LOAN ISSUANCE
(4) WINTER STREET HOUSING, LP	Q	121,413	REIMBURSEMENT OF COSTS INCURRED
(5) (SEE STATEMENT)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Schedule R (Form 990) 2018

**Part III****Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WINTER STREET HOUSING LP (20-1677719) 81 WINTER STREET, HAVERHILL, MA 01830	LOW INCOME HOUSING	MA	N/A	RELATED	(20)	(229)		✓				0.01
(2) POWDER HOUSE VILLAGE LP (27-0195040) 112 COUNTY ROAD, IPSWICH, MA 01938	LOW INCOME HOUSING	MA	N/A	RELATED	11	(4,766)		✓				0.00
(3) HOLCROFT PARK HOMES ONE LP (27-3773984) 96 LAFAYETTE STREET, SALEM, MA 01970	LOW INCOME HOUSING	MA	N/A	RELATED	(911)	11,011		✓				0.00
(4) HOLCROFT PARK HOMES TWO LP (26-4724156) 96 LAFAYETTE STREET, SALEM, MA 01970	LOW INCOME HOUSING	MA	N/A	RELATED	(1,053)	19,299		✓				0.01
(5) CABOT STREET HOMES LP (04-3751123) 245 CABOT STREET, BEVERLY, MA 01915	LOW INCOME HOUSING	MA	N/A	RELATED	(465)	(5,663)		✓				0.00
(6) HOLCROFT PHASE 2 GP LLC (45-4420055 ) 96 LAFAYETTE STREET, SALEM, MA 01970	LOW INCOME HOUSING	MA	N/A	RELATED	(663)	20,417		✓				0.51

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HOLCROFT PARK HOMES ONE GP, INC. (27-3755656) 102 LAFAYETTE STREET, SALEM, MA 01970	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(626)	(5,343)	49.00		✓
(2) WINTER STREET HOUSING CORPORATION (20-1677719) 81 WINTER STREET, HAVERHILL, MA 01830	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(1,273)	(12,702)	100.00		✓
(3) POWDER HOUSE VILLAGE GP, INC. (27-0195040) 245 CABOT STREET, BEVERLY, MA 01915	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(1,401)	(12,486)	100.00		✓
(4) CABOT STREET HOMES GP INC. (26-3750951) 102 LAFAYETTE STREET, SALEM, MA 01970	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(381)	(32,760)	30.00		✓

**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) YNS AFFORDABLE HOUSING, INC.	Q	177,751	REIMBURSEMENT OF COSTS INCURRED
(7) POWDER HOUSE VILLAGE, LP	Q	90,514	REIMBURSEMENT OF COSTS INCURRED
(8) HOLCROFT PARK HOMES ONE, LP	Q	80,956	REIMBURSEMENT OF COSTS INCURRED
(9) CABOT STREET HOMES, LP	Q	64,460	REIMBURSEMENT OF COSTS INCURRED
(10) HOLCROFT PARK HOMES TWO, LP	Q	82,047	REIMBURSEMENT OF COSTS INCURRED

YMCA of the North Shore  
List of Funding Sources

Source	As of 6/30/20 (In Thousands)
Grants & Contributions	4,626
Membership Dues	3,467
Childcare & Camp	3,102
Program	1,342
State Contracts	3,247
Federal Contracts	242
Other	1,139
<b>Total</b>	<b>\$ 17,165</b>